

County of the Soke of Peterborough



ANNUAL REPORT

OF THE

COUNTY MEDICAL OFFICER

FOR THE YEARS

1959 and 1960

G. NISBET, M.B., Ch.B.(Ed.), D.P.H., R.C.S.(Ed.)

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It was not possible to complete my Annual Health Report for 1959 until 1961. In view of this unavoidable delay, and for the sake of economy, it is my intention to present the 1959 and 1960 Reports together as one volume.

The Ministry of Health agree to this course, but request that the Reports should appear as separate entities in one book.

In this form, therefore, they are presented herewith.

GEORGE NISBET,

County Medical Officer.

County Health Office,
Town Hall,
Peterborough.

August, 1961.

COUNTY OF THE SOKE OF PETERBOROUGH

MEMBERS OF THE COUNTY HEALTH COMMITTEE

(As constituted 30th April, 1960)

COUNTY ALDERMAN Dr. J. HUNT

(Chairman of the County Council)

(*ex-officio*)

COUNTY ALDERMAN A. COLLINSON

(Vice-Chairman of the County Council)

(*ex-officio*)

Chairman :—

COUNTY COUNCILLOR C. GREENWOOD

Vice-Chairman :

COUNTY ALDERMAN P. ADAMS

COUNTY ALDERMAN MRS. M. C. COOK

COUNTY ALDERMAN MRS. A. PHILPOT

COUNTY ALDERMAN W. YOUNG

County Councillors :—

G. W. S. BURDETT

Mrs. M. L. FARRAR

Mrs. E. H. FEAR

S. G. GASCOINE

G. MATTHEWS

Mrs. E. L. SAVAGE

G. TAYLOR

Co-opted Members :—

Miss M. E. PERCIVAL

J. N. STATON, L.D.S., R.C.S. (ENG.)

Dr. D. F. TIERNEY

Dr. N. A. WALKER

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Health Department Staff
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HEALTH DEPARTMENT STAFF—1959

County Medical Officer of Health :—

GEORGE NISBET, M.B., CH.B. (ED), D.P.H., R.C.S. (ED).

Deputy County Medical Officer of Health :—

WILLIAM GIBB SMEATON, M.B., CH.B., D.P.H., Barrister-at-law.

Assistant Medical Officer of Health :—

DIANA O. McKNIGHT, M.B., B.S., D.C.H., D.P.H.

*Superintendent Nursing Officer
Health Visitors*

Miss I. Sylvester, S.R.N., S.C.M., H.V.CERT.

Mrs. J. Bryson, S.R.N., B.T.A., H.V. CERT.
(Resigned 28. 2. 59.)

Miss F. Coles, S.R.N., S.C.M., H.V. CERT.

Miss M. Gerrard, S.R.N., H.V. CERT.

Miss P. Goodman, S.R.N., S.C.M., H.V. CERT.

Miss M. Julyan, S.R.N., S.R.C.N., H.V. CERT.

Mrs. M. Parson, S.R.N., S.C.M., H.V. CERT.

Student Health Visitor

Miss D. A. Aplin, S.R.N., S.C.M. (As from
1. 4. 59)

Tuberculosis Health Visitor

Mrs. M. Gorton, S.R.N.

Home Help Organiser

Mrs. I. Winham

*Assistant Home Help Organiser
(part-time)*

Mrs. M. Ambrose

Home Teacher for the Blind

Miss D. E. Elkington

Administrative Assistant

Mr. J. J. Dunford

Social Welfare Officer and

Duly Authorised Officer

Mr. G. Smith

DISTRICT MEDICAL OFFICER OF HEALTH AND PUBLIC HEALTH INSPECTORS

*District
City of
Peterborough*

Medical Officer of Health

W. G. Smeaton, M.B., CH.B., D.P.H.,
Barrister-at-law.

*Public Health
Inspector*

J. Hall, M.S.I.A.,
CERT. R. SAN. I.,
A.M.I. SAN. E.

*Peterborough
Rural District*

M. R. Gibbs,
A.R., SAN. I.
M.S.I.A.

*Wreck
Rural District*

Diana O. McKnight, M.B., B.S., D.C.H.,
D.P.H.

D. W. Griffiths
M.S.I.A., A.R.
SAN. I.

COUNTY COUNCIL OF THE SOKE OF PETERBOROUGH

To : The Chairman and Members of the County Council
of the Soke of Peterborough.

Ladies and Gentlemen,

I have the honour to present my Annual Report on the Health Service for the year 1959, this being my twelfth such report.

The usual facts and statistics will be found in the body of this Report. In this preface I give only the more essential statistics, with brief comments.

Population

The Registrar-General estimates the mid-1959 population of the County as 68,900, which is an increase of 400 compared with mid-1958. Over the past ten years there has been an average increase in population of approximately 500 per year.

Statistics

The following statistics show at a glance the Birth Rate, Death Rate, Infant Mortality Rate, etc., for 1959, compared with recent years :—

	1959	1958	1957	1956
Birth Rate	19.2	18.9	18.1	17.6
Death Rate	10.7	10.9	10.2	11.0
Infant Mortality Rate	23.3	25.4	24.1	29.0
Maternal Death Rate	0.0	0.07	0.08	0.08
Tuberculosis Death Rate	0.05	0.07	0.02	0.07
Cancer Death Rate	2.03	2.04	1.9	1.8

Comments

The death rate of 10.7 per 1000 of the population is, as usual, lower than that of the country as a whole, which is 11.6.

Cancer again heads the list as the single chief cause of death, 19% of a deaths being attributable to this disease in 1959. 27 of the 140 deaths from cancer were due to malignant disease of the lung or bronchus.

“ Accidents ” accounted for 32 deaths, 11 of these being due to motor vehicle accidents—three less than in 1958.

The crude birth rate is 19.2, compared with 18.9 in 1958 and 16.5 for England and Wales. The birth rate in 1959 is the highest in the County for 12 years.

The infant mortality rate of 23.3 is slightly higher than that of the country as a whole, which is 22.0 per 1000 live births in 1959, and the lowest ever recorded.

Recently I had occasion to read through the first Annual Report written by the late Dr. Christopher Rolleston) which was issued in the year 1912.

In those days there was no national scheme for the treatment of tuberculosis, no maternity and child welfare service, nearly all confinements being attended by general practitioners with the help of "handy-women." In that year there were 930 births and two maternal deaths. (Maternal death rate of .1). Only 174 births were attended by qualified midwives, one midwife attending as many as 107 of these.

Notification of tuberculosis of the lungs first became compulsory in 1912. Previously only cases occurring in Poor Law Institutions and in hospitals were notifiable.

Dr. Rolleston remarked in his Report: "The number of notifications of tuberculosis) increased enormously during the last year. Some of this increase is immediately due to the care exercised in the medical inspection of children in this county. 116 cases of pulmonary tuberculosis were notified in the County in 1912. (In 1959 28 cases were notified). Tuberculosis used to be considered a disease where poverty was a predisposing cause. Dr. Rolleston marked, however, that poverty was only found in three instances. In one family the father was in prison. The wife and family of seven, including the patient (a boy of 13) lived on 17/6 per week, out of which 5/3d. had to be paid rent.

With regard to the treatment of tuberculosis, the following comments were made:

"The only accommodation available for the treatment of consumption were two large open-air tents in the grounds of the Union Infirmary (Thorpe Road). These have good wooden raised floors, and the patients take their meals here, living entirely in the open-air the year round. The tents are available for other than Poor Law patients on payment of a small charge."

One can imagine living in a tent in mid-winter, even with the luxury of a raised wooden floor! Such were the facilities endured by Peterborough consumptives in 1912.

Writing about precautions taken by T.B. patients, Dr. Rolleston said:—

"Damping of floors before sweeping to prevent the raising of dust and distribution of the tubercle bacillus was only undertaken in 22 out of 38 households visited."

Such neglect of elementary hygiene principles, he remarked, testify to the necessity of a tuberculosis health visitor. Indeed it did, but a tuberculosis visitor was not appointed for another three years.

It is a matter of interest that the former County Medical Officer, in submitting a scheme to the County Council for the treatment of tuberculosis, suggested that the hiring of beds in any available sanatorium would cost £78 per bed per annum, and that an expert in tuberculosis could readily be obtained from one of the leading London hospitals at a salary of £150 a year for two afternoons a week ; further that two rooms could be hired in the City Centre for a dispensary at about £30 a year.

In 1914 a house (28 Fitzwilliam Street) was, in fact, rented as a T.B. Dispensary for an annual rental of about £36 a year, and this continued as a T.B. Dispensary until the present chest clinic at West End House, Thorpe Road, was opened some six or seven years ago.

Incidentally, in 1914, a small committee, known as the Dispensary House Committee, was formed to deal particularly with matters affecting tuberculosis patients, and this Committee was the forerunner of the present County Health Committee. Originally the Minutes of the Dispensary House Committee were written and kept in a 6d. exercise book by the former County Medical Officer!

In the early days of the health service many infectious diseases were serious and sometimes fatal. Diphtheria, Scarlet fever, whooping cough and measles all claimed their annual victims.

In 1912 the case mortality of notified cases (i.e. ratio per cent. of deaths to notifications) was in this County for diphtheria 11.4 and for Scarlet fever 7.8. Measles was not notifiable in Peterborough in 1912, but out of a population of 45,000 as many as 21 children in the Soke died of this disease.

Again although no cases of whooping cough were notified in the County in 1912 there were seven deaths, and between 1902 and 1911 there had been a total of 95 deaths among a population of approximately 45,000, as many as 33 of these occurring in the year 1903.

Here are a few comparative figures for 1912 and 1959 (for the Soke of Peterborough).

				1912	1959
Infant Mortality rate	....	....	....	111.8	23.3
Diarrhoea death rate	....	....	....	.19	0.0
Epidemic death rate	....	....	....	1.17	0.0
Death rate Phthisis	....	....	....	0.68	0.05
Cancer death rate	....	....	....	1.4	2.03

We have progressed a long way in the health service since 1912, but it is rather sobering to note that the cancer death rate has increased with the passing of years.

The number of persons living in the County in the year 1911 (Census year) was returned as 44,718, 21,662 being males and 23,056 females. This was an increase since the previous Census of 8.7 per cent. as compared with 16.7 per cent. between 1891 and 1901.

312 persons were described as living in the Union Infirmary and Sanatorium, and 7 in barns, sheds, caravans and tents.

At the large engineering works the wages varied from 45/- to 21/-; the wages in the brickyards 22/- per week, and in agricultural districts from 18/- to 15/-.

There were ten common lodging houses in the City of Peterborough in 1912, providing accommodation in 47 rooms for 129 single men and 17 married couples. The price charged was 4d. per night at nine of the houses, and 6d. at the other.

COST OF THE HEALTH SERVICES

The return prepared by the Society of County Treasurers of the cost of local health services for the year 1958-59 shows that in the County of the Soke of Peterborough the cost, per 1000 population is, generally speaking, well below that of the national average, except for day nurseries, vaccination and immunisation, and occupation centres.

The costs are as follows:—

	£	s.	d.		£	s.	d.
Day Nurseries	40	18	0	All counties	34	4	0
Child Welfare Centres	50	16	0	„ „	72	10	0
Midwifery	91	16	0	„ „	107	11	0
Health Visiting	59	13	0	„ „	68	5	0
Home Nursing *	93	13	0	„ „	140	19	0
Vaccination & Immunisation	39	11	0	„ „	29	2	0
Ambulance Services	199	18	0	„ „	282	15	0
Prevention of Illness	24	6	0	„ „	34	15	0
Domestic Help	69	11	0	„ „	156	16	0
Occupation Centres	36	6	0	„ „	35	7	0
Administration	153	16	0	„ „	181	4	0

(* the lowest in the country).

STAFF

There have been no major changes in staff during the year. I should like to express my thanks to my colleagues, Dr. Smeaton and Dr. McKnight for their loyal help at all times, and to the Chairman and members of the County Health Committee, for their continued support and help.

Finally I take this opportunity to express my thanks to all who have given me assistance during the year, especially the staff of the Health Department, in particular, the Senior Officer, Mr. J. J. Dunford, who has assisted greatly in the compilation of this Report.

I have the honour to be,

Your obedient Servant,

GEORGE NISBET,

County Medical Officer.

August, 1960.

SECTION I

STATISTICS AND SOCIAL CONDITIONS

General Statistics

Area of Administrative County (in acres)	53,464
Population (Census 1951)	63,784
Population (Registrar-General's estimate mid-1959)	68,900
Rateable value (1st April 1960)	£1,023,615
Estimated Product of a Penny Rate (1959/60)	£4,116

Population by Districts

	Census 1951	Estimated mid-1959
City of Peterborough	53,412	56,050
Peterborough Rural District	7,273	7,860
Barnack Rural District	3,099	4,990
Administrative County	63,784	68,900

The estimated population for mid-1958 was 68,500. The Registrar-General estimates an increase of 300 in the City of Peterborough ; an increase of 90 in the Peterborough Rural District, and an increase of 10 in the Barnack Rural District—a total of 400 in the County as a whole, compared with mid-1958.

EXTRACTS FROM VITAL STATISTICS FOR THE YEAR 1959

Live Births

Males 706	Females 622	Total 1,328	
Live Birth Rate per 1000 population	....	....	.... 19.2
Birth Rate for England & Wales	....	....	.... 16.5
Illegitimate Live Births per cent of total live births		....	.... 5.3

Stillbirths

Males 13	Females 13	Total 26	
Rate per 1000 total live and still births	19.2
Total Live and Still Births	1,354

Infant Deaths (deaths under 1 year)	31
--	----

Infant Mortality Rates

Total infant deaths per 1000 total live births	....	....	23.3
Legitimate infant deaths per 1000 legitimate live births			23.3
Illegitimate infant deaths per 1000 illegitimate live births			0.0
Neo-natal Mortality Rate (deaths under 4 weeks per 1000 total live births)	....	....	17.3
Early neo-natal Mortality Rate (deaths under 1 week per 1000 total live births)	....	....	16.5
Perinatal Mortality Rate (stillbirths and deaths under 1 week combined per 1000 total live and still births)	....	....	36.1
Maternal Mortality (including abortion)	....	....	0
Number of Deaths	....	....	0

Deaths

Males 399	Females 341	Total 740	
Death Rate per 1000 population	....	....	10.7

Chief Causes of Deaths, 1959

Vascular lesions	....	....	....	....	....	126
Cancer	....	....	....	....	....	140
Coronary disease, angina	....	....	....	....	....	121
Other heart diseases	....	....	....	....	....	69
Bronchitis	....	....	....	....	....	35
Other circulatory diseases	....	....	....	....	....	33
Pneumonia	....	....	....	....	....	32
Accidents	....	....	....	....	....	32

The deaths classified in age periods (Registrar-General's figures) are:

0 — 1 years	....	....	....	....	....	31
1 — 5 „	....	....	....	....	....	7
5 — 15 „	....	....	....	....	....	0
15 — 25 „	....	....	....	....	....	10
25 — 45 „	....	....	....	....	....	32
45 — 65 „	....	....	....	....	....	175
65 — 75 „	....	....	....	....	....	182
75 years and over	....	....	....	....	....	303

Total 740

Births

The total number of live births in the County in 1959 was 1,328, compared with 1,296 in 1958, 1,241 in 1957; and 1,171 in 1956. The crude birth rate is 19.2 compared with 18.9 in 1958, and 16.5 for England and Wales as a whole.

71 of the 1,328 children born in 1959 were illegitimate. The illegitimacy rate is 5.3 per 1,000 live births compared with 5.4 last year, and 4.6 in 1957.

The number of live births and birth rates in each area of the County are :—

<i>Area</i>		<i>Males</i>	<i>Females</i>	<i>Total</i>	<i>Rate</i>
City of Peterborough	....	592	518	1,110	19.8
Peterborough Rural District	....	82	67	149	18.9
Barnack Rural District	....	32	37	69	13.8
Administrative County	....	706	622	1,328	19.2

Since 1935 the birth rates in the Soke of Peterborough have varied between 14.1 to 20.2 (in 1944).

The birth rate in 1959 is the highest in the County since 1947.

Stillbirths

The number of still-births in 1959 was 26 (23 in the City 2 in the Peterborough Rural District and 1 in the Barnack Rural District). The rate of 19.2 per 1,000 live and stillbirths compares with a rate of 20.7 for the country as a whole.

21 of the 26 stillbirths occurred in hospitals or maternity units attached to hospitals and 5 occurred in domiciliary midwifery practice.

Infant Mortality

The Registrar-General records 31 deaths among infants aged one year or under in the County of the Soke of Peterborough, 23 being assigned to the City of Peterborough, 7 to the Peterborough Rural District, and one to the Barnack Rural District.

22 of the 31 deaths occurred in males and 9 in females.

The numbers and rates in each district of the Administrative County per 1,000 births were as follows :—

City of Peterborough	....	....	....	....	23	Rate	20.7
Barnack Rural District	....	....	....	....	1	„	14.5
Peterborough Rural District	....	....	....	....	7	„	47.0
Administrative County	....	....	....	....	31	„	23.3

In England and Wales as a whole the infant mortality rate was 22.0 per 1,000 live births. This is the lowest rate ever recorded in this country, being 0.5 per 1,000 below that for 1957. In the Soke of Peterborough the infant mortality rate is slightly higher than the national average, but is 2.1 lower than for last year, when it was 25.4.

I append a Table showing the live birth rates and infant mortality rates in England and Wales for the years 1947-1959, and for comparison, similar rates for the Soke of Peterborough. It will be noted that for the last five years our infant mortality rate has been higher than that of the country as a whole although over a period of 12 years it has been lower than the national figures

<i>Year</i>	ENGLAND AND WALES		SOKE OF PETERBOROUGH	
	<i>Live Births per 1,000 population</i>	<i>Infant Mortality</i>	<i>Live Births</i>	<i>Infant Mortality</i>
1947	20.6	41	19.8	30
1948	17.9	34	17.2	38
1949	16.7	32	15.8	26
1950	15.8	29	14.9	20
1951	15.5	29	15.4	29
1952	15.3	27	15.3	20
1953	15.5	26	16.4	26
1954	15.2	25	15.8	22
1955	15.0	24	16.8	27
1956	15.7	23	17.6	29
1957	16.1	23	18.1	24
1958	16.4	22	18.9	25
1959	16.5	22	19.2	23

CAUSE OF DEATH	All Ages	0-1	1-5	5-15	15-25	25-45	45-65	65-75	Over 75
Tuberculosis Respiratory	4				1		3		
Tuberculosis Other	1								1
Syphilitic Disease	4						2		2
Measles	1		1						
Leukaemia	1		1						
Malignant neoplasm stomach	24					2	6	6	10
Malignant neoplasm lung bronchus	27					1	13	11	2
Malignant neoplasm, breast	14					2	6	4	2
Malignant neoplasm, uterus	6						1	5	
Other malignant and lymphatic neoplasms	69					3	24	25	17
Other infective and parasitic diseases	1		1						
Diabetes	7						3	3	1
Vascular lesions of nervous system	126					1	27	28	70
Coronary disease, angina	121					5	32	40	44
Hypertension with heart disease	2								2
Other heart disease	69	1			1	1	9	16	41
Other circulatory disease	33					2	4	4	23
Influenza	7					1	2	2	2
Pneumonia	32	5	1		1	2	7	8	8
Bronchitis.....	35						11	9	15
Other disease of respiratory system	12					2	5	4	1
Ulcer of stomach and duodenum	6						2	1	3
Gastritis, enteritis and diarrhoea	4	1					2	1	
Nephritis & Nephrosis	3								3
Hyperplasia of Prostate	6							1	5
Pregnancy, childbirth abortion	—								
Congenital malformations	3	2			1				
Other defined & ill-defined diseases	81	21	1		1	1	5	19	43
Motor vehicle accidents	11				4	4		2	1
All other accidents	21	1	2			4	6	1	7
Suicide	9				1	1	5	2	
TOTAL	740	31	7	0	10	32	175	182	303

The causes of death of the 31 infants (as recorded on the death certificates) were as follows :—

Prematurity	9
Atelectasis	7
Congenital heart disease	4
Broncho-pneumonia	3
Inhalation pneumonia	2
Asphyxia	2
Cardiac failure	1
Haemolytic disease	1
Pulmonary oedema	1
Intracranial haemorrhage	1

28 of the 31 infants died in hospitals or maternity units attached to hospitals, and three died at home.

As many as 22 of the 31 deaths of infants occurred under one week of age, giving an early neo-natal mortality rate of 16.5. Prematurity is still the main cause of infant deaths.

Deaths

There were 740 deaths in the County in 1959 (399 males and 341 females) giving a death rate of 10.7 per 1,000 of the population, compared with a rate of 10.9 in 1958 ; 10.2 in 1957, and 11.0 in 1956.

The death rate for England and Wales in 1959 was 11.6. As usual our death rate is lower than that of the country as a whole.

485 of the deaths occurred in persons of 65 years of age or over, or 67 per cent. of the total deaths. 303 deaths occurred in persons of 75 years of age or over.

Since 1920 the death rates in the Soke of Peterborough have varied between 10.2 in 1957, to 13.4 in 1933, but they have generally been below that of the national figure.

Cancer Deaths

There were 140 deaths from cancer in the Soke of Peterborough in the year 1959, giving a death rate of 2.03 per 1,000 of the population, compared with a rate of 2.04 in 1958 and 1.9 in 1957.

27 of the 140 deaths were due to malignant disease of the lung or bronchus a death rate of 0.39 compared with a rate of 0.46 for England and Wales as a whole. 24 of the victims were males and three females.

There were 14 deaths in females from carcinoma of the breast in 1959 (compared with 22 last year) and 24 deaths from malignant disease of the stomach, compared with 16 last year.

The Registrar-General's Return for 1959 shows that the rate for men for deaths due to cancer of the lung and bronchus increased from 783 to 831 per million, and the rate for women increased from 119 per million in 1958 to 123 per million in 1959.

In the Soke of Peterborough although the number of deaths from malignant disease of the stomach increased from 16 to 24, there was a decrease in deaths from cancer of the lung and bronchus from 34 to 27, and in deaths from carcinoma of the breast from 22 to 14.

General Remarks

The death rate of 10.7 is below the national figure of 11.6. Our death rate is almost always below that of the country as a whole.

The number of deaths due to "Accidents" is again high—32 compared with 30 in 1958. 11 of these were due to motor vehicle accidents.

Nine deaths from suicide all occurred in the City of Peterborough.

Cancer still remains one of the chief causes of death, although the death rate from cancer is slightly below that of 1958 (2.03 against 2.04).

There were 35 deaths from bronchitis, compared with 24 last year.

Four deaths were attributable to pulmonary tuberculosis, four to syphilitic disease, and seven to influenza.

There was one death from measles in a child.

I am pleased to report that there were no deaths due to pregnancy or childbirth.

SECTION II.

GENERAL PROVISION OF HEALTH SERVICES IN THE AREA.

Administration

The County Council, as a Local Health Authority, established a County Health Committee in accordance with the requirements of the National Health Service Act, 1946. The County Health Committee has, in turn, established the following Sub-Committees, which meet once monthly :—

- (a) Ambulance Sub-Committee
- (b) Mental Health Sub-Committee
- (c) Maternity and Domiciliary Services Sub-Committee
- (d) Prevention of Illness and After-Care Sub-Committee

The County Council has not established a separate department for its functions as a Local Welfare Authority under the requirements of the National Assistance Act of 1948. A Sub-Committee (the Welfare Sub-Committee of the County Health Committee) meets monthly and the work is carried out within the duties of the County Health Department.

The majority of the members of each of the Sub-Committees are members of the Local Health Authority, but each Sub-Committee co-opts any local persons who have a special interest in the subjects dealt with by each individual Committee.

Section 22—Care of Mothers and Young Children

Ante-natal clinics are held at 'The Gables' Maternity Hospital Peterborough for patients who have booked for admission to Maternity Units of the Regional Hospital Board. Blood testing for Wassermann, Kahn, and rhesus factor is carried out as a matter of routine.

No "doctors' ante-natal clinics" are held under the auspices of the Local Health Authority. Under Local Executive Council arrangements, all women are attended ante-natally by their own general practitioner.

Midwives' Ante-natal Clinics are held at the Child Welfare Centre at the Town Hall, and at the new Infant Welfare Centre at Dogsthorpe. Blood testing is not carried out at these clinics but the majority of general practitioners now make these tests, and arrangements have been made for me to receive the results of all blood tests, except those carried out by practitioners in Stamford, unfortunately. All cases have a general examination by their own doctor for fitness to receive gas and air analgesia.

During the year, 764 women attended these clinics (564 being new cases) and the total attendances were 2,409, compared with 2,085 made by 771 women in 1958.

Mothercraft classes are held weekly at the Town Hall and Dogsthorpe Child Welfare Clinics, and are well attended.

Invitations to attend these classes are sent by post from my office to all expectant mothers, including those who have booked for admission to the Maternity Units.

During the year 1959, 304 mothers attended the Mothercraft Classes, compared with 259 in 1958.

Relaxation courses for expectant mothers are also held at the Town Hall and Dogsthorpe Clinics. During the year 1959, 210 mothers attended these courses.

Child Welfare Centres

Ten child welfare centres were maintained by the Local Health Authority during the year, as follows :—

- | | |
|---|---|
| (1) Town Hall, Peterborough | — Tuesday mornings and afternoons.
Wednesday afternoons. |
| (2) Mountsteven Avenue,
Walton, Peterborough | — Monday and Thursday afternoons. |
| (3) Infant Welfare Centre,
Lawn Avenue, Dogsthorpe | — Monday and Thursday afternoons. |
| (4) Barnack (Village Hall) | — First Wednesday and Third Thursday afternoons each month |
| (5) Castor (Village Hall) | — Second and Fourth Tuesday afternoons each month |
| (6) Eye (Kendall's Rooms)
Now Methodist Church | — First and Third Monday afternoons
— each month |
| (7) Glinton (Village College) | — First Thursday and Third Wednesday afternoons each month |
| (8) Helpston (School Canteen) | — Fourth Wednesday afternoons each month |
| (9) Newborough (Forrester's Hall) | — Second and fourth Tuesday afternoons each month |
| (10) Wittering (Sick Quarters
R.A.F. Station) | — First and Third Wednesday afternoons each month |

There are no voluntary child welfare centres in the County. Voluntary workers, however, assist at the Local Authority's Clinics. Their services are much appreciated. Some have been attending voluntarily for many years.

Toddlers' Clinics are now held twice monthly at the Town Hall, Dogsthorpe and Walton, appointments being sent from my office. A medical member of my staff always attends these clinics.

I append a statistical record of the work performed at the child welfare clinics during the year 1959 :—

Number of Centres provided at the end of the year	....	10
Number of Child Welfare Sessions held per month	....	43
Number of children who first attended during the year and who, at their first attendance, were under 1 year of age	....	930
Number of children who attended during the year and who were born in 1959	....	895
1958	....	602
1957—54	....	856
Total number of children who attended during the year		2,353
Number of attendances during the year made by children who at the date of attendance were :—		
(a) under one year	....	9,409
(b) One but under two years	....	1,545
(c) Two but under five years	....	1,078
Total attendances during the year		12,032

The Mothers' Clubs which met monthly at the Town Hall and Dogsthorpe Centres, and the Parents' Club associated with the Infant Welfare Centre at Walton, continue to be well attended, and are keenly interested in health education.

For a time dressmaking classes for mothers were held at the Dogsthorpe Centre, but these were not well patronised and were discontinued after a trial period.

Premature Births

Babies weighing $5\frac{1}{2}$ lbs. or less at birth are classified as premature, and arrangements are made for this information to be supplied when the birth is notified.

A specially equipped premature baby cot is provided by the Local Health Authority. It is held at 'The Gables' and is available to be taken from there to any address where it may be required.

78 premature live births were notified in the County during the year.

63 of these births occurred in hospitals, and 15 at home. In addition, 11 premature still-births were notified, all being born in hospitals.

Day Nursery

One Day Nursery is maintained by the Local Health Authority. It is situated in Granville Street, Peterborough, and has approved places for 45 children (15 aged under 2 years, and 30 for children aged 2—5 years). The number of children on the register at the end of the year was 40, the average attendance during the year being 28.

Unmarried Mothers and Care of Illegitimate Children

Arrangements for the care of unmarried mothers are made in liaison with the Peterborough Moral Welfare Association, which is a voluntary organisation. Miss A. D. M. Fyfe, M.A., the Moral Welfare Worker employed by this Association resigned during the year, and her place was taken by Miss M. Gross. I should like to place on record my sincere thanks to Miss Fyfe for all the excellent work she did while in Peterborough.

Applications were made during 1959 for the admission of 11 unmarried mothers to maternity homes at the expense of the Local Authority.

Where necessary, the Children's Officer (Miss Brock) and the Moral Welfare Worker assist in securing the adoption of illegitimate children into suitable homes, although it is the policy, first, to endeavour to find foster parents, or to admit the children to the Day Nursery in cases where the mother has to go out to work. Special visits are made by the health visitors to all unmarried mothers and their children.

In 1959, out of a total of 1,328 births, 71 were illegitimate, a rate of 5.3 per cent. of total live births.

Dental Care

The Local Health Authority is not responsible for the School Health Service and therefore does not employ a Dental Officer.

Two full-time dental officers are employed by the Peterborough Joint Education Board, which is an independent Authority. Unofficially, and on a purely personal basis the Senior School Dental Surgeon treats a number of pre-school children at the School Dental Clinic, and during the year under review 42 such children were examined at the Clinic. 41 were found to require treatment and all received the necessary attention.

As from April 1st, 1960, official arrangements were made between the Peterborough Joint Education Board and the Local Health Authority whereby expectant and nursing mothers and children under five years of age will be treated by the School Dental Officers. The time allocated for this work is one half-day per week.

Maternity Outfits

Under the National Health Service Act, 1946, these outfits are supplied free of charge in domiciliary confinements, and can be obtained on application to the Superintendent Nursing Officer, Town Hall, Peterborough.

The number issued in the year 1959 was 484.

Welfare Foods

There is one main Welfare Distribution Centre, situated at 36 Queen Street, Peterborough (in the City Centre).

The Women's Voluntary Service continues to give valuable help in transporting welfare foods to the various village clinics, and I again express my thanks to them, and especially to Mrs. Fowler, whose co-operation in this matter is greatly appreciated.

Section 23—Midwives' Service

Twenty-two midwives were practising in the County at the end of the year viz., 7 as domiciliary midwives, and 15 in institutions.

The domiciliary midwives are employed by the Local Health Authority. Each provide their own car, for which they receive the usual car allowances.

The number of deliveries attended by the midwives in 1959, and the number of cases in which a doctor was present, is shown in the following Table:

	<i>Doctor not booked</i>	<i>Doctor present</i>	<i>Doctor booked not present</i>	<i>Total</i>	<i>Cases in Institutions</i>
Midwives employed by the Authority	—	32	470	502	—
Midwives employed by Hospital Management Committee	—	—	—	—	1,181
Midwives in Private Practice	—	—	—	—	—
Totals	—	32	470	502	1,181

It will be noted that the County Council midwives attended a total of 502 cases in 1959 (37% of total live and still-births) compared with 483 cases (36%) attended in 1958.

The Ministry of Health has asked for information about the Local Authority's arrangements for relief duty, especially night rota system.

In this area the midwives work in two's and relieve one another. They have an off duty period weekly, i.e., the evening before their day off duty, and do not return 'on call' until the next morning following. They have two nights 'off call' a week, and every fourth week have three days off, with same arrangements, making four nights off call.

Generally speaking this arrangement works satisfactorily.

Analgesia

All the midwives employed by the County Council are qualified to administer gas and air analgesia, in accordance with the requirements of the Central Midwives' Board. An apparatus is available for use by every midwife, and analgesia was administered during labour to 411 women (domiciliary confinements). Pethidine is also administered by the midwives in domiciliary practice, 307 such administrations being made in 1959.

Section 24—Health Visiting

Seven full-time health visitors (including one tuberculosis health visitor) are employed by the Local Health Authority.

The following is a summary of visits paid by the health visitors during the year 1959 :—

(a) Home visits

Number of children under 5 years of age visited during the year	....	....	....	....	....	....	....	4,385
Visits to expectant mothers :	(a)	first visits	194					
	(b)	total visits						197
Children under 1 year of age	(a)	first visits	1,391					
	(b)	total visits						3,129
Children aged 1 and under 2 years	....	....	....					1,270
Children aged 2 but under 5 years	....	....	....					2,642
Other Cases ; total visits	....	....	....	....				4,504
Total number of families or households visited by Health visitors	....	....	....	....	....	....		9,843
Total visits paid to tuberculosis households	....	....						1,127

(b) Clinics

Total number of attendances made by health visitors at local authority clinic sessions during the year 791

Total number of attendances made by whole-time tuberculosis visitors at chest clinic sessions 190

In addition to the visits enumerated above, a total of 2,335 visits were made when no one could be found at home, or a wrong address had been given, etc. Although these are classified as "fruitless visits" they are time-consuming and trying to the patience.

Section 25—Home Nursing

The home nursing service continues to run smoothly. Were it not for this service the distress caused by the shortage of accommodation for chronic sick patients provided (or, not provided) by the Regional Hospital Board, would be even more acute than it is. Our district nurses are constantly looking after people who ought to be in hospital, but, who owing to the shortage of beds, have to be coped with at home.

In the City of Peterborough home nursing is undertaken by the Florence Saunders Nursing Association on an agency basis, six whole-time nurses being employed. Two of the nurses have a car for which they receive the appropriate allowances.

In the rural areas of the County three full-time district nurses are employed by the Local Health Authority. Each nurse in the rural area has a car, so that the whole County is adequately covered by these nurses, who reside at Barnack, Castor, and Glington.

I append details of the work carried out by the district nurses during the year 1959 :—

					<i>No. of Cases</i>	<i>No. of Visits</i>
Medical	....	....	....	....	590	21,813
Surgical	....	....	....	....	147	3,614
Infectious Diseases			....	....	3	7
Tuberculosis		....	....	....	1	124
Maternal Complications	....		....	....	8	70
Others	....	....	....	....	39	307
Totals					788	25,935

This is a decrease of 1,522 visits compared with 1958.

Out of a total of 788 cases visited by the district nurses during the year, 469 or 59 per cent., were patients who were aged 65 years or over at the time of the first visit.

238 of the 788 patients had more than 24 visits paid to them by the district nurses during the year.

No night service is provided, but evening visits are made by the district nurses where necessary.

Section 26—Vaccination and Immunisation

In this County vaccination against smallpox, and diphtheria immunisation are carried out by general practitioners, the fees for completed record cards being paid by the Local Health Authority.

Vaccination against poliomyelitis (which was formerly carried out entirely by the Medical Officers of the Local Authority) is now carried out by the general practitioners in the City (with two exceptions), the fees again being paid for completed record cards by the Local Health Authority. This was done at the express wish of the general practitioners and not because the medical staff of the County Council could not cope. Most of the doctors practising in the rural areas prefer to leave poliomyelitis vaccination to the County Health medical staff.

Triple antigen (for immunisation against diphtheria, whooping cough and tetanus) is available (free of charge) to general practitioners, and tetanus vaccine (where patients have not previously received triple antigen) is also available, free of charge, upon application to the County Health Department.

Further information with regard to vaccination and immunisation is given under Section III of this Report (Prevalence of, and control over, Infectious and Other Diseases).

Section 27—Ambulance Service

The County Council is responsible under the National Health Service Act, 1946, for arranging the conveyance of sick and injured persons who are unfit to travel by ordinary means of transport, where the necessity arises.

The area covered by the County Ambulance Service is the whole County of the Soke of Peterborough, and certain adjoining areas, e.g. Old Fletton U.D., Norman Cross R.D., Conington Parish (Hunts.) and Crowland District (Holland).

The Ambulance Service, operating in combination with the Fire Brigade, continues to operate with efficiency and economy. Fifteen full-time ambulance driver/attendants are employed and the service is augmented by the Hospital Car Service (organised by the W.V.S.) and the St. John Ambulance Brigade, Peterborough.

The following is a summary of the work carried out by the Ambulance Service in 1959 :—

	<i>Total Patients</i>		<i>Total Miles</i>	
	1958	1959	1958	1959
Directly Provided Service				
Ambulances	6,140	6,861	52,652	56,090
Sitting case vehicles	8,160	8,374	59,401	65,215
Supplementary Services				
Hospital Car Service	1,266	1,536	55,878	60,130
Totals	15,566	16,771	167,931	181,435

1,205 more patients were carried, and 13,504 more miles were travelled by the ambulance service in 1959 than in 1958.

Section 28—Prevention of Illness, Care and After-Care

Tuberculosis

The Authority's responsibility is in relation to prevention, care and after-care, treatment of tuberculosis being provided by the Regional Hospital Board.

One full-time Tuberculosis Health Visitor is employed by the County Council. She works in close co-operation with the Chest Physicians of the Regional Hospital Board and, in addition to assisting them at the Chest Clinic, she carries out home nursing of tuberculosis patients ; visits contacts to investigate home conditions and to persuade them to attend the Clinic for examination and carries out Mantoux testing of children, etc.

Beds, bedding, open-air shelters and nursing requisites are available for patients being nursed at home, although the demand for open-air shelters has now practically ceased.

Tuberculous patients receive domestic help if required, and five such patients were assisted during the year.

Free T.T. milk is provided for tuberculosis patients in necessitous cases.

Other Types of Illness

For the care and after-care of the non-tuberculosis sick, patients discharged from hospitals etc., any necessary nursing care and attention is provided through the Council's Home Nursing Service.

Nursing equipment and apparatus required by patients being nursed at home, such as wheel chairs, bed rests, bed pans, mackintosh sheeting, etc., is provided, on loan, by the Local Health Authority.

As with the tuberculous, domestic help is available, and 269 chronic sick persons received domestic help during the year.

Problem Families

A monthly Liaison Meeting is held with the Superintendent Nursing Officer, Children's Officer, Moral Welfare Worker, N.S.P.C.C. Inspector, health visitors and others at which the County (or Deputy) Medical Officer is Chairman. At this meeting problem families are discussed and a line of action decided upon in individual cases.

Although the number of problem families in the area is not large, we have our quota of "hard core" cases, the houseboats on the River Nene being the main source of supply.

The combination of an Irish family and a houseboat almost invariably produces a problem family.

One such family, which took up a great deal of time of the Co-ordinating Committee, consisted of a father, mother, and seven children. There were absolutely no amenities on the boat, which was filthy and primitive. There was only one compartment with everything in it, and a free-standing coal fired stove with no fireguard. The approach was over a dangerous plank from the river bank. There were no bunks and the family slept on the floor, with the exception of an older girl, who slept on a sofa. The rest slept together to keep warm. The father had a regular job, but spent most of his money on alcohol. He was often in court for being drunk and disorderly, or for common assault.

While the above was one of the worst, problems of health—and morals—are constantly arising in regard to houseboat residents.

It is probably true to say that the only real slums, as we used to know them, now remaining in Peterborough are the houseboats.

For many years this Authority has done much to prevent the break-up of families by the provision of domestic help in the case of mental and emotional instability on the part of the parents, by arranging the admission of younger children to a Day Nursery or Nursery School, by advice and help from health visitors, the Moral and Social Welfare Officers, and by help from the W.V.S., etc.

Health Education

The County Medical Officer, medical members of his staff, health visitors and social welfare officers, give a considerable number of talks and lectures in the course of the year, in an endeavour to keep the public 'health conscious.'

I have always stressed the importance of public relations in public health. When one thinks of the complexity of the tasks performed by a health department—child welfare, mental health, school medical service, care of handicapped children and adults, etc., one realises how essential it is that good relations should exist between those who pay the rates and those who help to spend them. The public like to know what they get in return for paying their rates. It is the duty of the health department to see that their field of activity is well known and understood.

We have moved a long way since the days of Edwin Chadwick, from the days when 'The Times' declared: "We prefer to take our chance of cholera and the rest, than be bullied into health." It is no longer necessary to bully. The public health story is an exciting one. It is worth telling, and the public is entirely receptive, for we live in a singularly health-conscious age. If we take the public into our confidence—tell them what we are doing or propose to do, and why—they will be with us. After all, only a part of the public health job can be done by the public health department; the remainder must be done by the public themselves. It is a combined operation.

Section 29—Domestic Help Service

At the end of the year, 41 part-time domestic helps were employed. They are under the supervision and direction of the Home Help Organiser (Mrs. Winham) and of a part-time Assistant Home Help Organiser (Mrs. Ambrose).

Details of the cases assisted in the year under review are:—

			<i>Percentage</i>
(1) Maternity (including expectant mothers)	....	110	25 %
(2) Tuberculosis	....	5	1 %
(3) Chronic sick including aged and infirm	....	269	60 %
(4) Others	....	62	14 %
	Total	446	100 %

As will be seen from the above, 60 % of the cases assisted were suffering from chronic sickness, and in many of these instances the provision of domestic help saves admission to hospital.

When the service was transferred to the Local Health Authority from the City Council in July 1948, four part-time helps were employed, the workers being paid at the rate of 1/6d. per hour. The workers are now paid 3/3d. per hour; the gross cost of the Service per working hour is 4/5 $\frac{3}{4}$ d. and the maximum charge to users is 3/6d. per hour.

Although the cost of the service has been steadily increasing, if viewed from a wider economic angle, it is probably the cheapest and most effective form of help that can be provided for certain cases of chronic sickness. It is a service which is greatly appreciated by the public.

SECTION 51—MENTAL HEALTH SERVICE

1. Administration:

(a) Constitution and Meetings of Mental Health Sub-Committee

The Mental Health Sub-Committee of the County Health Committee deal with the functions connected with the care and welfare of the mentally disordered. This consists of eight members of the County Council, and three co-opted members, one of whom is a medical practitioner. The Sub-Committee meets on the third Tuesday of each month.

(b) Staff

The County Medical Officer of Health is in charge and is medical adviser to the Committee. One Social Welfare Officer (who is also Senior Mental Welfare Officer) is engaged upon the mental health and welfare duties for the Health Department. There is one Deputy Mental Welfare Officer, who is also Chief Clerk in the Public Health Department, and an Assistant Mental Welfare Officer was appointed in October, and will commence his duties on the 4th January, 1960.

(c) Co-ordination of Regional Hospital Boards, Etc.

Co-ordination with the Sheffield Regional Hospital Board's medical and lay staff in the mental health sphere continues to function as in the past, at the highest level.

I am pleased to report that the critical situation which had arisen with regard to mentally sub-normal children on the waiting list of the East Anglian Regional Hospital Board was alleviated at the end of the year when five of the most urgent cases were admitted to hospital. The relief felt by the parents of these children, in their homes, has been remarkable and has been reflected in their own improved health and general well being. However, it does appear that as soon as one problem is dealt with, another takes its place, and, already the waiting list for mentally sub-normal children is building up again to an acute situation, similar to that existing in previous years.

Supervision of the mentally sub-normal on leave is undertaken on behalf of Hospital Management Committees, and reports are submitted where discharge is to be considered.

(d) Delegation of Duties

No duties in the Mental Health Service are delegated to voluntary associations.

2. ACCOUNT OF WORK UNDERTAKEN IN THE COMMUNITY :**(a) Prevention, Care and After-Care**

This year has shown a decrease in the number of admissions into Mental Hospitals, and I feel that this may be due to the earlier diagnosis of mental illness, which has resulted in cases being referred to the Psychiatric Clinic, which is held each Wednesday at the local General Hospital, and treatment on an out-patient basis. Although the number of cases admitted to Mental Hospitals has dropped, more referrals were made to my Department on behalf of patients, and, in many cases, they were persuaded to accept treatment on an informal basis. This has resulted in a reduction in the number of patients removed on short term orders.

I continue to receive reports from Medical Superintendents on patients' progress, treatment while in hospital, etc. These have always proved invaluable and most helpful—particularly when a case has to be referred back to the hospital after relapse. Regular and friendly discussions regarding care and after care of patients between my staff and those of the Mental Hospitals has again proved of great assistance, and has enabled useful work to be carried out and great benefit to patients has resulted from these combined efforts.

Lunacy and Mental Treatment Acts :

All cases arising under the above Acts, are dealt with by my staff and wherever possible—with the assistance of the general practitioners—informal admissions are arranged.

I am pleased to note that, for the third year running there has been a reduction in the number of cases of persons over 70 years of age who have been admitted to Mental Hospitals, and I feel that the next few years will see a steadily decreasing demand for beds.

Cases dealt with under the Lunacy and Mental Treatment Acts during the year were as follows :—

Lunacy Act, 1890

Summary Reception Order	....	....	2	2	4
“ Three Day ” Order, Section 20	....	....	13	15	28
“ Fourteen Day ” Order, Section 21	....	....	2	3	5

Mental Treatment Act, 1930

Voluntary Patients	....	....	....	62	59	121
				79	79	158

The age groups of these cases were as follows :—

					Males	Females
16 — 20	....	....	....	....	2	12
21 — 30	....	....	....	....	10	12
31 — 40	....	....	....	....	14	22
41 — 50	....	....	....	....	19	12
51 — 60	....	....	....	....	13	12
61 — 70	...	....	....	....	16	14
70 +	....	....	....	....	5	5

The number of cases in Mental Hospitals under the Lunacy and Mental Treatment Acts on 31st December, 1959, was as follows :—

<i>Name of Hospital</i>	<i>Males</i>	<i>Females</i>	<i>Total</i>
Bracebridge Health Hospital, Lincoln	1	8	9
Fulbourn Hospital, Cambridge	2	—	2
Kingsway Hospital, Derby	—	1	1
Carlton Hayes Hospital, Leicester	1	1	2
The Towers Hospital, Leicester	—	3	3
Leavesden Hospital, Abbots Langley	1	—	1
Mapperley Hospital, Nottingham	—	1	1
Rauceby Hospital, Sleaford	66	85	151
	71	99	170

Mental Deficiency Acts, 1913-38

Ascertainment and Supervision

All my departmental staff of the County Council dealing with pre-school children are aware of the method of referral of any retarded child to me as County Medical Officer for investigation. I am also the Principal School County Medical Officer to the Peterborough Joint Education Board and thus, all school children are brought to my notice and, where necessary, referred to the Local Health Authority. In this way no child is missed. Doubtful and difficult cases of mental defect are referred to the Consultant Child Psychiatrist for the area, to whom, once again, I proffer my most grateful thanks for his helpful reports.

Supervision

All mentally sub-normal under Supervision and on Leave are visited by my staff, and advice is given to parents and relatives where necessary.

At the request of Local Authorities and Hospital Management Committees, visits are paid to homes when reconsideration of Orders or applications for leave are being considered. In addition, I have made routine visits of inspection and examined the patients in their homes and at the Occupation Centre.

Training of the Mentally Sub-Normal

As mentioned in my last Report, 1958, saw the fruition of one of my earliest hopes, i.e., the provision of an Occupation Centre in Peterborough for the mentally sub-normal. This fine building was handed over in that year, and the first children were admitted to the Centre on the 7th January, 1959. A gradual building up process has continued since, and the Centre is now working to capacity. The official opening was carried out by Her Royal Highness the Duchess of Gloucester on the 23rd April, and the ceremony was attended by Chief Officers and their ladies from this and neighbouring Authorities.

The staffing position at the Centre has proved somewhat difficult throughout the year, but I feel that—after a good deal of effort on the part of all concerned—the position has now resolved itself satisfactorily.

On the 31st December, 1959, the following mentally sub-normal were in Hospitals, on leave, and under supervision :—

<i>In Hospitals</i>	<i>Males</i>	<i>Females</i>	<i>Totals</i>
St. John's Hospital, Peterborough	15	—	15
Stoke Park Colony, Nr. Bristol	6	4	10
Bradwell Grove Hospital, Nr. Burford	1	—	1
Little Plumstead Hospital, Nr. Norwich	24	10	34
Great Barr Colony, Nr. Birmingham	1	—	1
Bourne Institution, Bourne, Lincs.	—	1	1
Lisieux Hall, Nr. Chorley, Lancs.	1	—	1
Rampton Special Hospital	—	1	1
Risbridge Home, Haverhill	3	1	4
Royal Eastern Counties Hospital, Colchester	—	1	1
Calderstone Hospital, Whalley, Blackburn	1	—	1
Nayland Hospital, Nayland, Colchester	—	12	12
	52	30	82
Mentally Sub-Normal on Leave	2	2	4
Mentally Sub-Normal under Supervision	37	38	75
Mentally Sub-Normal Awaiting Admission to Hospital	2	3	5
Cases Ascertained during the Year	5	10	15

Accommodation Waiting List

The accommodation waiting list for mentally sub-normal was relieved tremendously by the admission of five desperately urgent cases to Little Plumstead Hospital. During the year, no cases were admitted to this hospital for short term care in accordance with the Ministry of Health Circular 5/52.

Ambulance Service

The Ambulance Service is available for the conveying of the mentally disordered to hospitals and the Service's most helpful co-operation has been much appreciated. The arrangements with the Hospital Management Committee, whereby trained nurses are available to accompany patients continues to work satisfactorily.

NATIONAL ASSISTANCE ACT, 1948

WELFARE SERVICES

Administrative Arrangements

The County Council's functions under the National Assistance Act have been delegated to the Welfare Sub-Committee of the County Health Committee, and are under the direction of the County Medical Officer of Health. Meetings of this Sub-Committee are held monthly.

Admissions to Part III Accommodation are arranged under my direction and all applicaitons are investigated, either by myself, or the Social Welfare Officer (who is also the Senior Mental Welfare Officer).

The Schemes for the provision of Welfare Services under Sections 29 and 30 for Handicapped Persons were set out in full in my Report for 1957.

Blind

The County Council employs one full-time Home Teacher for the Blind (Miss D. E. Elkington). There is also a voluntary welfare committee.

The number of registered blind persons in the County at 31st December, 1959 was 133, viz, 63 males and 70 females. 100 of these were aged 65 years or over.

The following Table gives particulars of the blind and partially sighted (P/S) cases certified on Form B.D.8. in the County during 1959 :—

	<i>Causes of Disability</i>							
	<i>Cataract</i>		<i>Glaucoma</i>		<i>Retrolental Fibroplasia</i>		<i>Others</i>	
	<i>Blind</i>	<i>P/S</i>	<i>Blind</i>	<i>P/S</i>	<i>Blind</i>	<i>P/S</i>	<i>Blind</i>	<i>P/S</i>
i) No. of cases registered during the year in respect of which para. 7(c) of Form B.D.8. recommends:								
(a) No Treatment	1	—	2	—	—	—	7	3
(b) Treatment, medical surgical or optical	4	3	—	—	—	—	3	3
ii) No. of cases at (i) (b) above which, on follow up action, have received treatment	3	2	—	—	—	—	1	1

Deaf and Dumb

The Northamptonshire and Rutland Mission to the Deaf continues to give valuable assistance—on an agency basis—to the welfare of the deaf and dumb in the County.

The Soke of Peterborough County Council makes a grant of £100 a year to this Society, which is registered under the National Assistance Act, 1948.

In the thirty-first annual report for the year ending September 30th 1959, the following remarks are made about Peterborough :

“ As is well known, Peterborough, though in Northamptonshire runs, virtually, as a separate Mission, the few people we have there combining with those of Lincolnshire and Cambridgeshire who live near Peterborough. Though I take the church services, everything else is done by Mr. Stanley G. Gascoine, our Hon. Welfare Officer, who lives at Peterborough.

During the year Mr. Gascoine has not been too well, but this has not made the slightest difference to the work he has done for the deaf in this area. We are most grateful to him and Mrs. Gascoine.

This year a coach load of people came with Mr. Gascoine to both the Wellingborough and Northampton parties, and to a special service at Northampton. I am very happy about this as it does bring Peterborough into ‘ Family Life ’.”

Residential Accommodation

It is the duty of the County Council, under Section 21(i) of the National Assistance Act, 1948, to provide residential accommodation for persons who, by reason of age, infirmity or any other circumstances, are in need of care and attention, which is not otherwise available to them, and temporary accommodation for persons who are in urgent need thereof. In accordance with this Act, residential accommodation has been provided by this Authority in two Homes, and the number of places available amounts to 183. This will be supplemented by the provision of a new Home, the building of which commenced in December, 1959, and which will provide accommodation for an additional 36 (thirty-six) persons.

SECTION III**PREVALENCE OF, AND CONTROL OVER, INFECTIOUS
AND OTHER DISEASES****1. Infectious Diseases**

422 cases of infectious disease were notified to the District Medical Officers, compared with 732 in 1958 ; 2,064 in 1957 ; 284 in 1956 and 1,872 in 1955.

Scarlet Fever

14 cases were notified, the same number as in 1958.

Whooping Cough

47 cases occurred, compared with 201 notified last year.

Measles

There was a reduction in cases notified from 380 in 1958 to 270 in 1959.

Pneumonia

42 cases of this infection were notified compared with 49 in 1958.

Erysipelas

One case only was notified. Last year there were two cases.

Puerperal Pyrexia

During the last year or two I suspect that a number of cases occurring in Maternity Units have not been notified. In 1959 five cases only were notified, and in 1958, nine cases, and in 1957 five cases. In 1956 40 cases were notified.

Food Poisoning

I am glad to report a reduction in the number of cases of food poisoning coming to notice. In 1958 as many as 33 cases were notified, in 1959 five cases only came to notice.

Tuberculosis

31 cases of respiratory and six of non-respiratory disease were notified.

Poliomyelitis

One case of non-paralytic disease was notified. Last year five cases of paralytic and three of non-paralytic disease occurred.

Many medical officers think there is a considerable case for overhauling the list of infections which are notifiable, and this is being investigated at present with a view to recommending changes in the statutory provisions in the light of modern conditions.

The following Table shows the number of cases of each disease notified in the various sanitary districts :

	<i>Peterboro'</i> <i>M.B.</i>	<i>Peterboro'</i> <i>R.D.</i>	<i>Barnack</i> <i>R.D.</i>	<i>Total</i>
Scarlet Fever	11	—	3	14
Whooping Cough	45	2	—	47
Measles	212	50	8	270
Pneumonia	34	—	8	42
Erysipelas	1	—	—	1
Puerperal Pyrexia	5	—	—	5
Food Poisoning	5	—	—	5
Tuberculosis : Respiratory	25	1	5	31
Other	5	1	—	6
Poliomyelitis : Non-par :	—	1	—	1
Total	343	55	24	422

2. Vaccination and Immunisation

Diphtheria Immunisation

The following Table shows the number of children at 31st December, 1959, who had completed a course of immunisation against diphtheria at any time before that date, i.e., at any time since 1st January, 1945

	<i>Under 1</i> <i>1959</i>	<i>1—4</i> <i>1955-58</i>	<i>5—9</i> <i>1950-54</i>	<i>10—14</i> <i>1945-49</i>	<i>Under 1</i> <i>Total</i>
A. No. of children whose last course (primary or booster) was completed in the period	253	3,037	2,348	211	5,849
B. No. of children whose last course (primary or booster) was completed in the period 1954 or earlier	—	—	2,616	3,906	6,522
C. Estimated mid-year child population	1,330	4,570	10,700		16,600
Immunity Index 100 A/C.	19.0	64.2	84.8		74.5
Immunity Index 1958	10.7	65.0	77.2		69.5

Vaccination against Smallpox

The following Table shows the number of vaccinations and re-vaccinations carried out under the approved scheme since 1950 :—

<i>Age at date of Vaccination</i>	<i>Under 1 Re- P. Vac.</i>		<i>1—4 Re- P. Vac.</i>		<i>5—14 Re- P. Vac.</i>		<i>15 or over Re- P. Vac.</i>		<i>Total Re- P. Vac.</i>	
1950	131	—	142	8	50	15	51	103	374	126
1951	266	8	31	5	28	14	66	76	391	103
1952	290	—	38	—	19	7	52	86	399	93
1953	256	—	41	—	19	9	41	73	357	82
1954	373	—	43	—	15	8	43	77	474	85
1955	308	4	45	3	14	6	29	46	396	59
1956	339	9	33	4	16	2	36	47	424	62
1957	459	8	40	—	59	6	74	97	674	120
1958	465	—	108	7	34	11	46	79	653	97
1959	504	4	60	6	19	4	34	74	617	88

Poliomyelitis Vaccination

Prior to 1958 practically all poliomyelitis vaccinations were carried out by the medical staff of the County Health Department. Now, at the request of the general practitioners practising in the area, nearly all the doctors carry out vaccination of their own patients, fees for the completed record cards being paid by the Local Health Authority.

The County Health Department medical staff still carry out a considerable number of vaccinations, especially in the rural areas of the County. All registrations are made through my Office.

I append details of poliomyelitis vaccination carried out during the year 1959 :—

Children born in years 1943—1959	....	....	3,439
Young people born in years 1933—1942	....	....	4,891
Expectant Mothers	....	....	405
Hospital Staff and Others	....	....	164
Total	....	....	8,899

Total Number of persons who, at 31st December, 1959 has received three injections :- 13,309

3. Tuberculosis

Notifications

During 1959, 31 new cases of respiratory, and six of non-respiratory tuberculosis were notified—five more cases than in 1958.

Particulars of the new cases notified, in age periods, are as follows :—

Age Periods	Respiratory		Non-Respiratory		Total	
	M	F	M	F	M	F
0—1	—	—	—	—	—	—
1—2	—	—	—	—	—	—
2—5	—	—	—	—	—	—
5—10	—	1	—	1	—	2
10—15	1	—	1	—	2	—
15—20	3	—	—	—	3	—
20—25	4	3	1	—	5	3
25—35	6	1	—	—	6	1
35—45	2	3	—	—	2	3
45—55	—	2	1	—	1	2
55—65	5	—	—	—	5	—
65—75	—	—	1	1	1	1
Totals	21	10	4	2	25	12

The incidence of notifications of respiratory tuberculosis per 1,000 of the population is 0.46, compared with 0.39 in 1958 : 0.42 in 1957, and 0.52 in 1956.

Deaths

Four deaths were attributable to respiratory tuberculosis in the County in 1959 (three males and one female). This gives a death rate of 0.05 per 1,000 of the population, compared with a rate of 0.07 in 1958 : 0.02 in 1957, and 0.07 in 1956.

One death was attributable to non-respiratory tuberculosis, compared with two in 1958.

To-day, tuberculosis has lost its news value to the public. Even in the realm of preventive medicine it has come to occupy a lowly position. Yet it is not so long ago that consumption (as it was then called) was known as “the white man’s scourge,” for it claimed thousands of victims annually. As recently as 1949, 21,206 deaths in the United Kingdom were attributed to respiratory tuberculosis.

Even now, we cannot afford to be complacent about tuberculosis, for in spite of all modern methods of treatment it still claims four thousand victims a year in England and Wales.

If 4,000 people died each year from smallpox, diphtheria, measles, or any other infectious disease, the public and the medical officers would be thoroughly disturbed—and rightly so.

Although the number of deaths from respiratory tuberculosis is decreasing (from 14,079 in 1950 to 3,999 in 1958 and 3,475 in 1959 in England and Wales) the number of notifications of new cases is still high—too high.

24,499 new cases were notified in 1959, against 42,358 notified in 1950. From these figures it would appear that tuberculosis is being **cured** rather than being eradicated.

I append a Table in relation to respiratory tuberculosis showing the number of notifications and deaths in the County during the last 20 years, and the incidence of deaths to new notifications :—

<i>Year</i>			<i>New Notifications</i>	<i>Deaths</i>	<i>Percentage of Deaths to Notifications</i>
1940	....	....	25	8	32.0
1941	....	....	31	18	58.0
1942	....	....	43	22	51.1
1943	....	....	42	21	50.0
1944	....	....	43	11	25.8
1945	....	....	46	20	43.4
1946	....	....	43	23	53.4
1947	....	....	58	15	25.8
1948	....	....	28	19	67.8
1949	....	....	42	10	23.8
1950	....	....	73	10	13.7
1951	....	....	58	14	24.3
1952	....	....	84	9	10.7
1953	....	....	53	4	7.5
1954	....	....	77	5	6.5
1955	....	....	33	10	30.3
1956	....	....	35	5	14.3
1957	....	....	29	2	6.9
1958	....	....	27	5	18.5
1959	....	....	31	4	12.9

Residential Accommodation

Admissions to Sanatoria are arranged by the East Anglian Hospital Board, patients being usually admitted with a few days of their names being submitted to the "Bed-finding Bureau."

During the year a total of 39 patients from the Soke of Peterborough were admitted to Sanatoria, viz., 25 men, 11 women, and three children, compared with a total of 34 in 1958. At the beginning of the year 1959 18 patients were already in Sanatoria, so that a total of 57 patients received in-patient treatment in 1959.

At the end of the year 18 patients from the Soke of Peterborough were in Sanatoria.

Prevention of Tuberculosis

The Consultant Chest Physician (Dr. G. B. Royce) submits quarterly reports to the County Health Committee on prevention of tuberculosis, and occasionally attends the meetings of the County Health Committee.

A summary of Dr. Royce's reports shows that a total of 1,461 contacts were examined at the Chest Clinic during the year ended December 31st, 1959, compared with 1,140 in the previous year. 309 of these contacts were new, compared with 198 last year.

B.C.G. Vaccination

B.C.G. vaccinations are carried out at the Chest Clinic, and during 1959 a total of 133 B.C.G. vaccinations were undertaken, compared with 93 in 1958.

4. Venereal Diseases

The one Venereal Disease Clinic in the area is situated at the out-patient Department of the Peterborough Memorial Hospital.

The East Anglian Regional Hospital Board is responsible for the clinical work and administration. The Consultant Venereologist in charge of the Centre is Dr. N. A. Ross, and the clinics are now held as follows :—

Mondays	4.30 to 6.30.	Males.
Tuesdays	10.30 a.m. to 12.30 p.m.	Females & Children
Wednesdays	5.30 p.m. to 7 p.m.	Males.
Thursdays	4.30 p.m. to 6.30 p.m.	Females & Children.

Patients can be referred direct without appointments.

201 patients attended the Clinic for the first time during the year 1959, compared with 170 in 1958 ; 173 in 1957 ; 195 in 1956, and 176 in 1955.

These were classified as follows :

	<i>Males</i>	<i>Females</i>	<i>Total</i>
Syphilis	10	10	20
Gonorrhoea	29	14	43
Chancroid	1	—	1
Non-gonococcal urethritis	47	—	47
Other conditions requiring treatment	27	18	45
Conditions not requiring treatment	24	14	38
Undiagnosed conditions	5	2	7
	143	58	201

These patients came from the following areas :-

	<i>Syphilis</i>	<i>Gonorrhoea</i>	<i>Other Conditions</i>	<i>Total</i>
Soke of Peterborough	14	22	62	98
Huntingdonshire	1	2	16	19
Isle of Ely	1	—	3	4
Northamptonshire	1	2	9	12
Kesteven (Lincs.)	2	6	23	31
Rutland	1	6	17	24
Other Areas	—	5	8	13
Totals	20	43	138	201

A total of 33 patients were under treatment or observation on January 1st, 1959 and 50 patients remained under treatment or observation on December, 31st.

Details of attendances made by patients are as follows :—

<i>Attendances</i>		<i>Total</i>	<i>Males</i>	<i>Females</i>
At which patients saw physician	Syphilis	710	318	392
	Gonorrhoea	741	496	245
	Other conditions	913	597	316
	Totals	2374	1411	953
At which patients did not see Physician	Syphilis	602	273	329
	Gonorrhoea	—	—	—
	Other conditions	58	—	58
	Totals	660	273	387

In 1958 a total of 2,374 attendances were made.

SECTION IV.

INSPECTION AND SUPERVISION OF FOOD

Food and Drugs Act, 1955

I have to thank Mr. J. J. Cole, the County Inspector of Foods and Drugs for the following report on the work carried out in the year 1959.

During the period under review seventy-four samples of various foodstuffs were taken for chemical analysis and five for bacteriological examination. All were satisfactory with the exception of three milk samples and one of sugar confectionery. The particulars are as stated, and where otherwise stated, only one sample was taken :—

Milk (30), Beef Hamburgers, Beef Steakettes, Buttered Sweets—Flavoured, Casserole Paste, Cheese (2), Cheese Paste, Cheese Spread, Chicken Paste, Coffee, Coffee and Chicory Essence, Coffee Beverage, Corned Beef, Crab Paste, Cut Mixed Peel, Dairy Cream, Double Cream, Dried Peas (3), Faggots, Fish Cakes, Glace Cherries, Jaffa Juice, Lemon Juice, Minced Meat Roll, Minced Spice, Mushroom Ketchup, Orange Drink, Pilchards, Pork Chops, Pork Luncheon Meat, Processed Cheese, Salmon Spread, Sausages(5), Steak Pie, Sweet Pickle, Table Jelly, Tapioca, Vegetable Soup, Whipped Dairy Cream.

MILK (30). Of 30 milks sampled, twenty-seven were above their standards. Three, though well above the requirement for milk-fat, were deficient in milk-solids. The percentages were 8.22, 8.32, and 8.40 respectively.

Subsequent “ appeal ” samples were also below and the analyst had no hesitation in certifying that the deficiencies were due to natural causes. The weather over this time this year was unduly warm and I expect that this was a contributing cause of these freak results.

BUTTER SELECTION, FLAVOUR. The above was a description on the label of a jar of sweets on sale in a shop. The word “ flavour ” was in very much smaller characters than the remainder of the description. It could be read only with the greatest difficulty by one standing at a reasonable distance from the jar.

The analyst certified that the sweets contained only an insignificant amount of butter-fat. This could scarcely be regarded as a compliance with the Code of Practice existing with the Ministry of Food and the Chocolate and Sugar Confectionery Trade.

The Manufacturers were asked to alter the label so that all the words of description should be of equal size and this request was complied with.

J. J. COLE,

County Inspector of Food and Drugs.

REPORT ON THE STATE OF THE COUNTRY

Presented to the House of Commons

in the year 1841

By the Secretary of State for the Colonies

Printed by the Government Printer, 1841

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COUNTY OF THE SOKE OF PETERBOROUGH

MEMBERS OF THE COUNTY HEALTH COMMITTEE

(As constituted 30th April, 1961)

COUNTY ALDERMAN Dr. J. HUNT
(Chairman of the County Council)

COUNTY ALDERMAN A. COLLINSON
(Vice-Chairman of the County Council)
(*ex-officio*)

Chairman :—
COUNTY COUNCILLOR C. GREENWOOD

Vice-Chairman :
COUNTY ALDERMAN P. ADAMS

COUNTY ALDERMAN MRS. M. C. COOK
COUNTY ALDERMAN MRS. A. PHILPOT
COUNTY ALDERMAN W. YOUNG

County Councillors :—

G. W. S. BURDETT	Mrs. E. L. SAVAGE
Mrs. E. H. FEAR	G. TAYLOR
S. G. GASCOINE	DR. H. M. WEAVER
G. MATTHEWS	

Co-opted Members :—

Miss M. E. PERCIVAL	Dr. D. F. TIERNEY
J. N. STATON, L.D.S., R.C.S. (ENG.)	Dr. A. N. WALKER

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HEALTH DEPARTMENT STAFF—1960*County Medical Officer of Health :—*

GEORGE NISBET, M.B., CH.B. (ED), D.P.H., R.C.S. (ED).

Deputy County Medical Officer of Health :—

WILLIAM GIBB SMEATON, M.B., CH.B., D.P.H. Barrister-at-law

Assistant Medical Officer of Health :—

DIANA O. McKNIGHT, M.B., B.S., D.C.H., D.P.H.

Superintendent Nursing Officer

Miss I. Sylvester, S.R.N., S.C.M., H.V.CERT.
 Miss F. Coles, S.R.N., S.C.M., H.V. CERT.
 Miss M. Gerrard, S.R.N., H.V. CERT.
 Miss P. Goodman, S.R.N., S.C.M., H.V. CERT.
 Miss M. Julyan, S.R.N., S.R.C.N., H.V. CERT.
 Mrs. M. Parson, S.R.N., S.C.M., H.V. CERT.
 Miss D. A. Aplin, S.R.N., S.C.M., H.V.CERT
 Mrs. M. Gorton, S.R.N.

*Tuberculosis Health Visitor**Home Help Organiser*

Mrs. I. Winham

*Assistant Home Help Organiser
(part-time)*

Mrs. M. Ambrose

Home Teacher for the Blind

Miss D. E. Elkington

Administrative Assistant

Mr. J. J. Dunford

*Social Welfare Officer and
Mental Health Officer*

Mr. G. Smith

**DISTRICT MEDICAL OFFICER OF HEALTH
AND PUBLIC HEALTH INSPECTORS**

<i>District</i>	<i>Medical Officer of Health</i>	<i>Public Health & Inspector</i>
City of Peterborough	W. G. Smeaton, M.B., CH.B., D.P.H. Barrister-at-law	J. Hall, M.S.I.A., CERT. R. SAN. I., A.M.I. SAN. E.
Peterborough Rural District	Diana O. McKnight, M.B., B.S., D.C.H., D.P.H.	M. R. Gibbs, A.R., SAN. I. M.S.I.A.
Barnack Rural District		D. W. Griffiths M.S.I.A., A.R. SAN.I.

COUNTY COUNCIL FOR THE SOKE OF PETERBOROUGH

To : The Chairman and Members of the County Council of the
Soke of Peterborough.

Ladies and Gentlemen,

I have the honour to present my Annual Report on the Health Services for the year 1960, this being my thirteenth such report.

In this preface I intend only to mention the more essential statistics, with brief comments.

Population

The estimated population for mid-1960 is given by the Registrar-General as 70,040, which is an increase of 1,140 compared with mid-1959. At the Census held on April 23rd, 1961, the population of the County was returned as 74,442—8,614 more than at the previous Census in 1951.

Statistics

The following statistics show at a glance the Birth Rate, Death Rate, Infant Mortality Rate, etc., for 1960, compared with the recent years :—

	1960	1959	1958	1957
Birth Rate	20.5	19.2	18.9	18.1
Death Rate	10.1	10.7	10.9	10.2
Infant Mortality Rate	20.8	23.3	25.4	24.1
Maternal Death Rate	0.0	0.0	0.07	0.08
Tuberculosis Death Rate	0.01	0.05	0.07	0.02
Cancer Death Rate	1.7	2.03	2.04	1.9

Comments

The birth rate of 20.5 is the highest in the County since 1921, when it was 21.4, and the death rate of 10.1 is the lowest ever recorded, the previous lowest rate being in 1957 when it was 10.2. Only one death was attributable to respiratory tuberculosis. 132 deaths were due to cancer, or 18 % of the total for the year. Accidents accounted for 33 deaths, one more than in 1959, 15 of these being due to motor vehicle accidents—four more than last year.

The infant mortality rate of 20.8 is 1.1 lower than the rate for England and Wales as a whole.

It can therefore be said that our health statistics for 1960 are eminently satisfactory.

Staff

There have been no major changes in staff. Again I express my thanks to my colleagues, Dr. Smeaton and Dr. McKnight for their unfailing help, and to the Chairman and members of the County Health Committee for their continued support at all times.

Finally I should like to express my gratitude to all who have given me assistance during the year, especially the staff of the County Health Department, under the able lay administration of Mr. John Dunford.

I have the honour to be,

Your obedient Servant,

GEORGE NISBET,

August, 1961.

County Medical Officer.

SECTION I

STATISTICS AND SOCIAL CONDITIONS

General Statistics

1960

Area of Administrative County (in acres)	55,464
Population (Registrar-General's estimate)	70,040
Rateable value	£1,043,063
Estimated Product of a Penny Rate	£4,329

Population by Districts

	<i>Estimated mid-1960</i>
City of Peterborough	56,980
Peterborough Rural District	8,020
Barnack Rural District	5,040
Administrative County	70,040

The estimated population for mid-1958 was 68,500 ; for mid-1959 - 68,900 and for mid-1960 - 70,040. However, on April 23rd 1961, when the population census was taken, there were 62,031 people in the City of Peterborough - 8,614 more than in 1951, when the previous census was held.

In the Soke the increase was 10,751 (74,442, compared with 63,691 ten years ago). These figures are, of course, provisional.

EXTRACTS FROM VITAL STATISTICS.

Live Births

Males 737	Females 699	Total 1,436	
Live Birth Rate per 1000 population			20.5
Illegitimate Live Births per cent of total live births			5.1

Stillbirths

Males 14	Females 18	Total 32	
Rate per 1000 total live and still births			21.1

Total Live and Still Births	1,468
----------------------------------	-------

Infant Deaths (deaths under 1 year)	30
--	----

Infant Mortality Rates

Total infant deaths per 1000 total live births	....	....	20.8
Legitimate infant deaths per 1000 legitimate live births			19.8
Illegitimate infant deaths per 1000 illegitimate live births			40.5
Neo-natal Mortality Rate (deaths under 4 weeks per 1000 total live births)	....	....	16.0
Early neo-natal Mortality Rate (deaths under 1 week per 1000 total live births)	....	....	12.5
Perinatal Mortality Rate (stillbirths and deaths under 1 week combined per 1000 total live and still births)	....	....	34.0
Maternal Mortality (including abortion)	....	....	0

Deaths

Males 379	Females 329	Total 708	
Death Rate per 1000 population	....	....	10.1

Chief Causes of Deaths, 1960

Vascular lesions	....	....	....	....	....	113
Cancer	....	....	....	....	....	132
Coronary disease, angina	....	....	....	....	....	98
Other heart diseases	....	....	....	....	....	102
Bronchitis	....	....	....	....	....	24
Other circulatory diseases	....	....	....	....	....	27
Pneumonia	....	....	....	....	....	44
Accidents	....	....	....	....	....	33

The deaths classified in age periods (Registrar-General's figures) are :

0 — 1 years	....	....	....	....	....	30
1 — 5 „	....	....	....	....	....	11
5 — 15 „	....	....	....	....	....	1
15 — 25 „	....	....	....	....	....	10
25 — 45 „	....	....	....	....	....	27
45 — 65 „	....	....	....	....	....	158
65 — 75 „	....	....	....	....	....	156
75 years and over	....	....	....	....	....	315
					Total	708

Births

The total number of live births in the County in 1960 was 1,436, giving a birth rate of 20.5, compared with a birth rate of 18.1 per thousand for England and Wales as a whole.

74 of the 1,436 children born in the County in 1960 were illegitimate (5.1 per cent.).

The number of live birth and birth rates in each area of the County were :—

<i>Area</i>		<i>Males</i>	<i>Females</i>	<i>Total</i>	<i>Rate</i>
City of Peterborough	....	617	600	1,217	21.3
Peterborough Rural District	....	79	62	141	17.5
Barnack Rural District	....	32	37	78	15.4
Administrative County	....	737	699	1,436	20.5

Since 1935 the birth rates in the Soke of Peterborough have varied between 14.1 to 20.2 (in 1944).

The birth rate in 1960 was the highest in the County since 1921, when it was 21.4.

Stillbirths

In 1960, 32 stillbirths were recorded—a rate of 21.1. The rate for England and Wales was 18.9 per thousand of the total live and still births.

27 of the 32 still births in the County in 1960 occurred in hospitals or maternity units, and five in domiciliary midwifery practice.

Infant Mortality

The Registrar-General records 30 deaths among infants aged one year or under in the County during 1960, one less than in the previous year. (19 males and 11 females).

The numbers and rates in each district of the Administrative County per 1,000 births were as follows :—

City of Peterborough	....	....	....	....	23	Rate	19.0
Barnack Rural District	....	....	....	....	3	„	20.2
Peterborough Rural District	....	....	....	....	4	„	51.2
Administrative County	....	....	....	....	30	„	20.8

In England and Wales as a whole the infant mortality rate was 22.9 per 1,000 live births. It will be noted that our rate is 1.1 lower than the national average.

The following table shows the live birth rates and infant mortality rates in England and Wales for the years 1948-1960 and for comparison, similar details for the Soke of Peterborough.

<i>Year</i>	ENGLAND AND WALES		SOKE OF PETERBOROUGH	
	<i>Live Births per 1,000 population</i>	<i>Infant Mortality</i>	<i>Live Births</i>	<i>Infant Mortality</i>
1948	17.9	34	17.2	38
1949	16.7	32	15.8	26
1950	15.8	29	14.9	20
1951	15.5	29	15.4	29
1952	15.3	27	15.3	20
1953	15.5	26	16.4	26
1954	15.2	25	15.8	22
1955	15.0	24	16.8	27
1956	15.7	23	17.6	29
1957	16.1	23	18.1	24
1958	16.4	22	18.9	25
1959	16.5	22	19.2	23
1960	18.1	22.9	20.5	20.8

The causes of death of the 30 infants (as recorded on the death certificates) were as follows :—

Congenital Malformations	....	....	9
Prematurity	....	....	7
Broncho-Pneumonia	....	....	5
Cerebral Haemorrhage	....	....	3
Cardiac failure	....	....	3
Atelectasis	....	....	2
Haemolytic Disease	....	....	1

21 of the 30 infants died in hospitals or maternity units attached to hospitals, and nine died at home.

18 of the 30 deaths of infants occurred under one week of age, giving an early neo-natal mortality rate of 12.5.

Prematurity and congenital malformations accounted for over half the deaths of infants.

Deaths

There were 708 deaths in the County in 1960 (379 males and 329 females) giving a death rate of 10.1 per 1,000 of the population, compared with a rate of 10.7 in 1959. This is the lowest death rate ever recorded in the County, the previous lowest rate being 10.2 in 1957.

The death rate for England and Wales in 1960 was 15.7, which is 4.1 higher than in the previous year.

471 of the deaths in the Soke occurred in persons of 65 years of age or over (66.5 per cent. of the total deaths) 315 deaths occurred in persons of 75 years or over.

CAUSE OF DEATH	All Ages	0-1	1-5	5-15	15-25	25-45	45-65	65-75	Over 75
tuberculosis Respiratory	1						1		
tuberculosis Other									
syphilitic Disease	3							1	2
measles									
leukaemia	1								1
other infective and parasitic diseases	1						1		
malignant neoplasm stomach	25						9	11	5
malignant neoplasm lung bronchus	26					1	11	9	5
malignant neoplasm, breast	14						5	3	6
malignant neoplasm, uterus	2						1		1
other malignant and lymphatic neoplasms	65				1	1	20	16	27
diabetes	7						2	2	3
vascular lesions of nervous system	113				1	1	19	21	71
coronary disease, angina	98					2	28	35	33
hypertension with heart disease	9						1	4	4
other heart disease	102				1	2	8	20	71
other circulatory disease	27					1	5	8	13
influenza									
pneumonia	44	5			1		11	6	21
bronchitis	24						12	7	5
other disease of respiratory system	4						1	1	2
ulcer of stomach and duodenum	6						1	4	1
colitis, enteritis and diarrhoea	1						1		
nephritis & Nephrosis	6		1			1	3	1	
hyperplasia of Prostate	3						1		2
pregnancy, childbirth abortion									
congenital malformations	9	9							
other defined & ill-defined diseases	74	16	2	1		3	10	4	38
motor vehicle accidents	15		2		5	4	4		
all other accidents	18		6		1	6		1	4
suicide	10					5	3	2	
TOTAL	708	30	11	1	10	27	158	156	315

Cancer Deaths

There were 132 deaths from cancer in the Soke of Peterborough in the year 1960, giving a death rate of 1.7 per 1,000 of the population, compared with a rate of 2.03 in 1959.

26 of the 132 deaths were due to malignant diseases of the lung or bronchus, 23 of the victims being males and three females.

There were 14 deaths in females from carcinoma of the breast (the same number as last year), and 25 deaths from malignant disease of the stomach, one more than in 1959.

General Remarks

The death rate of 10.1 per 1,000 of the population is the lowest ever recorded, and is well below the national figures of 15.7, although our death rate is almost always below that of the country as a whole. If the death rate is any criterion one might well advertise Peterborough as a health resort.

Ten deaths from suicide makes our rate particularly high compared with the country as a whole.

In Canada the sharpe rise in the suicide rate is causing concern. It climbed from 6.1 per 100,000 in 1955 to 7.5 in 1959. Our rate (14.2) is even higher than in Canada.

Suicide is a tremendous problem of psychological medicine, especially to mental health authorities. It is anticipated that very shortly the law will be amended and attempted suicide will no longer be considered a criminal offence. The majority of those who attempt or carry out suicide are really in need of psychiatric treatment.

Between five and six thousand people a year in Great Britain die by their own hand—nearly as many as are killed in road accidents. In Greater London successful suicides number three a day, and it is estimated that unsuccessful attempts, not all of which become known to the police and not all of which were intended to be successful, number at least ten times as many.

The Rector of St. Stephen Walbrook in the City of London (the Rev. Chad Varah) believes that the prevention of suicide is a religious question as well as a medical one. He is the founder and director of The Samaritans, whose mission it is to help those "Tempted to suicide and despair." For the past eight years potential suicides in the London area have been invited by press, radio and television to dial MANsion House 9000 at any hour of the day or night. Since the inauguration of the "Telephone Samaritans" in London similar voluntary organisations have been set up in other large centres of population in England and Scotland, where callers are offered friendship, a listening ear, and an appointment for an interview in the strictest confidence. In Edinburgh recently this service received great praise from the medical consultants concerned.

One death from respiratory tuberculosis is noteworthy although in the country as a whole there were 3094 deaths from this cause in 1960. There were no deaths due to influenza in 1960, and none from non-respiratory tuberculosis, measles, or pregnancy and childbirth.

SECTION II

GENERAL PROVISION OF HEALTH SERVICES IN THE AREA

Administration

This is detailed in the Report for 1959. There have been no changes since.

Section 22—Care of Mothers and Young Children

Ante-natal clinics are held at "The Gables" Maternity Hospital, Peterborough for patients who have booked for admission to Maternity Units of the Regional Hospital Board.

No doctors' ante-natal clinics are held under the auspices of the Local Health Authority; all women are attended ante-natally by their own doctor.

Midwives Ante-Natal Clinics are held at the Child Welfare Centre at the Town Hall and at the Centre at Dogsthorpe. Blood testing is not carried out at these clinics, but the majority of general practitioners make these tests, and arrangements are made for me to receive the results of all blood tests, except those carried out by practitioners in Stamford. All women have a general examination by their own doctor for fitness to receive gas and air analgesia.

During the year 1960, 649 women attended these clinics (561 being new cases) and the total attendances were 2,495, compared with 2,409 made by 764 women in 1959.

Mothercraft classes are held weekly at the Town Hall and Dogsthorpe Child Welfare Clinics, and are well attended.

Invitations to attend these classes are sent by post from my office to all expectant mothers, including those who have booked for admission to the Maternity Units.

During 1960, 298 mothers attended the Mothercraft Classes, compared with 304 in 1959.

Relaxation courses for expectant mothers are also held at the Town Hall and Dogsthorpe Clinics. During the year 1960 223 mothers attended these courses.

Child Welfare Centres

Eleven child welfare centres were maintained by the Local Health Authority during the year, including a new Centre opened at the Parish Hall, Werrington to cater for the new housing estates in that area.

The eleven centres are situated as follows :—

- | | |
|---|---|
| (1) Town Hall, Peterborough | — Tuesday mornings and afternoons.
Wednesday afternoons. |
| (2) Mountsteven Avenue,
Walton, Peterborough | — Monday and Thursday afternoons. |
| (3) Infant Welfare Centre,
Lawn Avenue, Dogsthorpe | — Monday and Thursday afternoons. |
| (4) Barnack (Village Hall) | — First Wednesday and Third Thursday afternoons each month |
| (5) Castor (Village Hall) | — Second and Fourth Tuesday afternoons each month |
| (6) Eye (Kendall's Rooms)
Now Methodist Church | — First and Third Monday afternoons each month |
| (7) Glinton (Village College) | — First Thursday and Third Wednesday afternoons each month |
| (8) Helpston (School Canteen) | — Fourth Wednesday afternoons each month |
| (9) Newborough (Forrester's Hall) | — Second and fourth Tuesday afternoons each month |
| (10) Wittering (Sick Quarters
R.A.F. Station) | — First and Third Wednesday afternoons each month |
| (11) Werrington (Parish Hall) | — First and Third Friday afternoons each month. |

There are no voluntary child welfare centres in the County. Voluntary workers, however, assist at the Local Authority's Clinics. Some have been doing this voluntary work for many years, and their services are much appreciated.

Toddler's Clinics are held twice monthly at the Town Hall, Dogsthorpe, and Walton, appointments being sent from my office. A medical member of my staff always attends these clinics.

I append a statistical record of the work performed at the child welfare clinics during the year 1960.

Number of Centres provided at the end of the year 11

Number of children who first attended during the year and
who, at their first attendance, were under 1 year of age 964

Number of children who attended during the year and who were born in :						
1960	....	....	....	....	....	840
1959	....	....	....	....	....	689
1958-55	....	....	....	....	....	886

Total number of children who attended during the year 2,415

Number of attendances during the year made by children who
at the date of attendance were :

(a) Under one year	9,359
(b) One but under two years	1,582
(c) Two but under five years	1,003
Total attendances during the year	<hr/> 11,944

There has been some criticism in certain quarters as to the value of infant welfare centres, and it is stated that throughout the country attendances at these centres have fallen. The attendances at our Centres remain about the same.

The Mothers' Clubs which meet monthly at the Town Hall and Dogsthorpe Centres, and the parents' Club associated with the Walton Centre continue to be well attended, and provide an excellent media for health education, and information about public health service and home safety measures.

Premature Births

Babies weighing $5\frac{1}{2}$ lbs. or less at birth are classified as premature. Information on this point is supplied when the birth is notified.

A specially equipped premature baby cot is provided by the Local Health Authority, and is held at "The Gables" but is available to be taken to any address where it may be needed.

105 premature live births were notified in the County during the year. 79 of these occurred in hospitals and 26 at home. In addition 20 premature still births were notified, 19 being born in hospitals and one at home.

Day Nursery

One Day Nursery is maintained by the Local Health Authority. It is situated in Granville Street, Peterborough and has approved places for 45 children (15 aged under two years and 30 for children aged 2-5 years). The number of children on the register at the end of the year was 45, the average attendance during the year being 34.

Unmarried Mothers and Care of Illegitimate Children

Arrangements for the care of unmarried mothers are made in liaison with the Peterborough, Rutland and District Moral Welfare Committee, which is a voluntary organisation.

Only six applications were received in 1960 for the admission of unmarried mothers to maternity homes at the expense of the Local Authority.

Dental Care

The Local Health Authority is not responsible for the School Health Service and therefore does not employ a Dental Officer. From April 1st, 1960, however, official arrangements were made between the Peterborough Joint Education Board and the County Council whereby expectant and nursing mothers and children under five years of age will be treated by the School Dental Officers. The time allocated for this work is one half-day per week.

During 1960 six expectant mothers were examined and treated and made dentally fit. 45 pre-school children were also examined. 27 of these were found to require treatment and all received the necessary attention.

Maternity Outfits

The number of maternity outfits issued during the year was 550.

Welfare Foods

There is one main Welfare Distribution Centre, situated at 36 Queen Street, Peterborough.

Section 23—Midwives' Service

Twenty-two midwives were practising in the County at the end of the year, viz., six as domiciliary midwives, and 15 in institutions.

The domiciliary midwives are employed by the Local Health Authority. The number of deliveries attended by the midwives in 1960, and the number of cases in which a doctor was present, is shown in the following table :—

	<i>Doctor not booked</i>	<i>Doctor present</i>	<i>Doctor booked</i>		<i>Cases in Institutions</i>
			<i>Doctor not present</i>	<i>Total</i>	
Midwives employed by the Authority	—	35	520	555	—
Midwives employed by Hospital Management Committee	—	—	—	—	1,330
Totals	—	35	520	555	1,330

The County Council midwives attended a total of 555 cases in 1960 (37 % of the total live and still births) compared with 502 cases (37 %) in 1959.

Analgesia

All the midwives employed by the County Council are qualified to administer gas and air analgesia, in accordance with the requirements of the Central Midwives Board. An apparatus is supplied to every midwife, and analgesia was administered during labour to 474 women (domiciliary confinements) Pethedine is also administered by the midwives in domiciliary practice, 325 such administrations being made in 1960.

Section 24—Health Visiting

Seven full-time health visitors (including one tuberculosis health visitor) are employed by the Local Health Authority.

The following is a summary of visits paid by the Health Visitors during the year 1960 :—

(a) Home Visits

Number of children under 5 years of age visited during the							
year	....	....	....	....	....	....	4,165
Visits to expectant mothers	(a)	first visits		117			
	(b)	total visits					195
Children under 1 year of age	(a)	first visits		1,482			
	(b)	total visits					3,006
Children aged 1 and under 2 years		....	....	....	....		1,239
Children aged 2 but under 5 years		....	....	....	....		2,458
Other Cases : total visits	....	....	....	....	....	....	4,491
Total number of families or households visited by health visitors							9,479
Total visits paid to tuberculosis households							1,049

(b) Clinics

Total number of attendances made by health visitors at local authority clinic sessions during the year							727
Total number of attendances made by whole-time tuberculosis visitors at chest clinic sessions							156

In addition to the visits enumerated above, a total, of 1,606 visits were made when no one could be found at home, or a wrong address had been given, etc.

Section 25—Home Nursing

In the City of Peterborough home nursing is undertaken by the Florence Saunders Nursing Association on an agency basis. Six whole-time nurses are employed, three of whom have cars for which they receive the appropriate allowance.

The rural areas of the County are covered by three full-time district nurses employed by the Local Health Authority. Each nurse in the rural area has a car. The nurses reside at Barnack, Castor and Glington.

I append details of the work carried out by the district nurses during the year 1960 :

					<i>No. of Cases</i>	<i>No. of Visits</i>
Medical	....	....	....	....	592	21,510
Surgical	....	....	....	....	159	4,983
Tuberculosis	....	....	....	....	5	50
Maternal Complications	....	....	....	....	5	322
Others	....	....	....	....	40	93
Totals					801	26,958

This is an increase of 1,023 visits compared with 1959.

Of the total of 801 cases visited by the district nurses during the year 1960, 480 were patients who were aged 65 years or over at the time of the first visit.

No night service is provided but evening visits are made by the district nurses where necessary.

Section 26—Vaccination and Immunisation

The arrangements are the same as those detailed in my Report for 1959.

Fuller information with regard to vaccination and immunisation is given under Section III of this Report (Prevention of, and Control over, Infectious and Other Diseases).

Section 27—Ambulance Service

There is nothing further to add to the details of this Service enumerated in the previous Report.

The following is a summary of the work carried out by the County Ambulance Service in 1960 :

	<i>Total Patients</i>		<i>Total Miles</i>	
	1959	1960	1959	1960
Directly Provided Service				
Ambulances	6,861	7,619	56,090	58,895
Sitting case vehicles	8,374	9,187	65,215	62,129
Supplementary Services				
Hospital Car Service	1,536	1,422	60,130	61,204
Totals	16,771	18,228	181,435	182,228

Section 28—Prevention of Illness, Care and After-Care

Tuberculosis

The arrangements are the same as outlined in the Report for 1959.

Other Types of Illness

For the care and after-care of the non-tuberculosis sick, patients discharged from hospitals etc., any necessary nursing care and attention is provided through the Council's Home Nursing Service.

Nursing equipment and apparatus required by patients being nursed at home, such as wheel chairs, bed rests, bed pans, mackintosh sheeting etc. is provided, on loan, by the Local Health Authority.

As with the tuberculous, domestic help is available, and 290 chronic sick persons received domestic help during the year.

Health Education

The Minister asks for this report to deal with the progress of health education arrangements and, in particular, to review the steps which have been taken to bring to public notice the connection between tobacco smoking and lung cancer.

Apart from the propaganda posters and leaflets which are liberally distributed throughout the County, nothing further was done in this connection in 1960, although arrangements are in hand to have a further conference with head teachers.

The County Medical Officer, medical members of his staff, health visitors and others give a considerable number of talks and lectures to various organisations and societies.

Chiropody Service

At the beginning of the year, the Authority amended the Scheme under Section 28 of the National Health Service Act, 1946, to provide a Chiropody Service, which is at present organised through a voluntary organisation, the Peterborough Old People's Welfare Committee.

The Supplementary Proposals, as approved by the Ministry of Health, are as follows :—

The local health authority proposes to make arrangements for the provision of chiropody treatment and, until such time as the authority decide that treatment shall be made available for all who need it, may give priority to the elderly, physically handicapped and expectant mothers and to such other categories as they see fit.

Arrangements will be made for the provision of chiropody treatment for residents at the County Council's old people's homes and may be made for residents in other similar establishments. Grants will be made to voluntary bodies to enable them to provide chiropody treatment at reduced rates for old people. It is proposed to make similar grants to voluntary bodies for the provision of chiropody treatment at reduced rates for handicapped persons.

Expectant mothers in need of chiropody treatment will, for the time being, be referred on an individual basis for treatment at chiropodists' own premises.

As and when the arrangements are extended to include other categories, consideration will be given to the employment of chiropodists on a sessional basis at premises owned or hired by the authority, supplemented by treatment at chiropodists' own premises and by domiciliary visits to patients who are unfit on medical grounds to attend elsewhere for treatment.

The authority may make such charges for treatment as they may consider reasonable.

At the beginning of 1961, the total number of cases in the City who were receiving treatment was 308. In addition 40 patients lived in the rural areas.

Section 29—Domestic Help Service

At the end of the year 44 part-time domestic helps were employed. They are under the supervision and direction of the Home Help Organiser (Mrs. Winham) and of a part-time Assistant Home Help Organiser (Mrs. Ambrose—now resigned).

Details of cases assisted in the year under review are :—

			<i>Percentage</i>
(1) Maternity (including expectant mothers)	....	144	28 %
(2) Tuberculosis	....	5	1 %
(3) Chronic sick including aged and infirm	....	290	58 %
(4) Others	....	66	13 %
Total		505	100 %

SECTION 51

MENTAL HEALTH SERVICE

Administration

The Mental Health Sub-Committee of the County Health Committee deals with all the matters relating to the care of the mentally disordered. This Committee consists of eight members of the County Council and three co-opted members and meets on the third Tuesday of each month.

Staff

The County Medical Officer of Health is in charge and is Medical Advisor to the Committee. One Social Welfare Officer (who is also Senior Mental Welfare Officer) is responsible for carrying out the mental health and welfare duties and assisted since 4th January, 1960, by an Assistant Mental Welfare Officer. The Chief Clerk in the Public Health Department acts as Mental Welfare Officer in the absence of either of these Officers. The Junior Training Centre has a staff of one Supervisor, three assistants and two Junior Trainees.

Co-ordination of Regional Hospital Boards

Co-ordination of the Sheffield Regional Hospital Boards medical and lay staff in the mental health sphere was especially good during the year 1960, particularly in view of the fact that new legislation was about to come into operation. The Medical Superintendent of Rauceby Hospital attended two meetings of my Committee where problems arising from the new Mental Health Act, were discussed. A further meeting was held at St. John's Hospital, Lincoln, at which Medical Superintendents from all Mental Hospitals in the Lincoln No. 3 Hospital Management Boards area attended, together with Medical Officers and Clerks of the Councils in that catchment area. The Medical Superintendent of Little Plumstead Hospital visited the Junior Training Centre and, after his visit, made many helpful and useful suggestions in the care and training of the mentally sub-normal.

Delegation of Duties

No duties in the Mental Health Service are delegated to voluntary organisations.

Mental Health Act, 1959

The Mental Health Act was passed by Parliament in 1959, and was brought fully into operation on the 1st November, 1960. This Act replaced the Lunacy Act, 1890, Mental Treatment Act, 1930 and the Mental Deficiency Acts, 1913-38. The main object of the 1959 Act was to minimise the use of compulsion when arranging treatment of mentally disordered patients, a course which, I am pleased to say, had been in operation in this area for the three previous years, at least. The Act dissolved the Board of Control and an Appeal Board, known as the Mental Health Review Tribunal, was set up to take over the function of appeals against wrongful detention. The new Act also brought in new definitions, and placed those persons suffering from mental illnesses into the following four categories :—

- (i) **Mental Disorder**—which covers mental illness arrested or incomplete development of the mind and any disorder or disablement of the mind.
- (ii) **Severe Sub-normality**—which is a state of arrested or incomplete development of the mind which includes sub-normality of intelligence and is of such nature or degree that the patient is not capable of living an independent life or of guarding himself against exploitation.
- (iii) **Sub-normality**—is a state of arrested or incomplete development of the mind (not amounting to severe sub-normality) which includes sub-normality of intelligence and is of a nature or degree which requires or is susceptible to medical treatment or other special care or training of the patient.
- (iv) **Psychopathic Disorder**—means a persistent disorder or disablement of mind (whether or not including sub-normality of intelligence) which results in abnormally aggressive or seriously irresponsible conduct on the part of the patient, and requires or is susceptible to medical treatment.

The foregoing groups of mental disorders replaced such terms as 'mental deficiency' and 'mental defective' together with the four classes of mental defectives previously known as 'idiots, imbeciles, feeble-minded and moral defective.' One of the main objects of the new Act too, was to remove the rigid distinctions previously drawn between 'mental illness' and 'mental sub-normality.'

The introduction of informal admission really replaced the voluntary system, but has additional advantages as a patient can be admitted informally, providing he does not object and he need not sign forms to go into the hospital or to come out. Legislation for compulsory removal was written into the Act and three courses are now open to General Practitioners and Mental Welfare Officers. Admission for observation under Section 25 for a period of 28 days, from the date of admission, can be carried out on the medical recommendation of two doctors, one of whom should have special experience in the diagnosis or treatment of mental disorder and who has been approved by the appropriate

local Authority. Emergency removals carried out under Section 29 of the Act require one medical recommendation, but this expires within 72 hours of admission unless a second medical recommendation is obtained. Admission for treatment is arranged under Section 26 of the Act ; again two medical recommendations are required and as in the case of those admitted for observation one medical recommendation is to be given by a specialist. This Section permits the patient to be detained in hospital for a definite period of one year subject to review of the Authority at the intervals laid down in the Act, but nearest relatives of a patient may order discharge subject to giving 72 hours notice to the Hospital of their intention to do so.

Provision is made in the Act that the Mental Welfare Officer must consult the nearest relative, and, if this relative should object to admission taking place, then the Mental Welfare Officer cannot proceed. It is possible for the nearest relative to be displaced and another person or the Local Health Authority can be appointed to exercise the functions of the nearest relative.

For admission for treatment, where the patient is under 21 years of age, application can be made only where two medical practitioners certify that the patient is suffering from either mental illness or severe sub-normality which warrants detention in hospital and that this is necessary in the interests of the patient's health or safety or for the protection of other persons. The Act makes provision for persons to be placed under guardianship.

Under Section 6 of the Mental Health Act and Section 28 of the National Health Services Act, 1946, the Soke of Peterborough County Council had to submit to the Minister the Authority's proposals for the provision of their mental health services, which stated, *inter alia*, that the strengthening of links with hospitals and general practitioners and other agencies will be under constant review, and, and necessary measures will be taken. The Authority stated their requirements for staff employed in the Mental Health Service and that they would take whatever measures were necessary to ensure that these persons be adequately trained or qualified. It was also agreed that an adult training centre should be provided if necessary and that residential accommodation for the mentally disordered should be provided, either directly or by arrangements with other bodies or authorities. The Authority will also provide home training, day centres, social clubs and other activities for the mentally disordered.

Prevention, Care and After-Care

1960 has shown a further slight decrease in the number of admissions to mental hospitals. This may be due to a number of causes ; earlier diagnosis, more out-patient treatment, more effective drugs and an improvement in the care and after-care services. Referrals to the Psychiatric Clinic, which is held each Wednesday at the Local General Hospital, have increased. The reports which I have received from the Medical Superintendent on the patients' progress and treatment whilst in hospital have always proved invaluable and most helpful, particularly should a relapse occur.

Regular and friendly discussions which have also been a feature of the work continue satisfactorily and I feel that the free access to the hospital medical staff and officers must be encouraged for the benefit of the patients.

Lunacy and Mental Treatment Acts. Mental Health Act, 1959

The number of case removals on a compulsory basis has remained fairly static over the past few years and I feel that a determined effort must now be made by all concerned during the coming year to reduce the number of compulsory removals by at least a half. I shall feel that the new legislation is being successful if I can report this in my next annual report.

Cases dealt with under the Lunacy and Mental Treatment Acts during the year, were as follows :—

<i>Lunacy Act, 1890</i>				<i>Males</i>	<i>Females</i>	<i>Total</i>
Summary Reception Order	....	....	....	2	2	4
" Three Day " Order, Section 20	....	....	....	16	17	33
<i>Mental Health Act, 1959</i>						
Informal Patients	....	....	....	48	64	112
Section 29	....	....	....	2	1	3
				68	84	152

The age groups of these cases were as follows :—

					<i>Males</i>	<i>Females</i>
16 — 20	....	....	....	....	4	5
21 — 30	....	....	....	....	10	11
31 — 40	....	....	....	....	14	26
41 — 50	....	....	....	....	13	10
51 — 60	....	....	....	....	12	11
61 — 70	....	....	....	....	6	11
70 +	....	....	....	....	9	10

The number of cases in Psychiatric Hospitals on 31st December, 1960 was as follows :—

<i>Name of Hospital</i>		<i>Males</i>	<i>Females</i>	<i>Total</i>
St. John's Hospital, Lincoln	....	1	6	7
Fulbourn Hospital, Cambridge	....	2	—	2
Kingsway Hospital, Derby	....	—	1	1
Carlton Hayes Hospital, Leicester	....	1	1	2
The Towers Hospital, Leicester	....	—	3	3
Leavesden Hospital, Abbots Langley	....	1	—	1
Mapperley Hospital, Nottingham	....	—	1	1
Rauceby Hospital, Sleaford	....	76	87	163
		81	99	180

Mentally Sub-Normal

Ascertainment

The smooth method of ascertainment which has proved so successful over the years has continued in this area as all retarded children are seen by myself, either as Principal School Medical Officer or County Medical Officer.

The Consultant Child Psychiatrist for the area has again been very helpful with those doubtful cases which do arise, and I am grateful to him for his ready help.

Training of the Mentally Sub-Normal

Progress in the training of the mentally sub-normal was a marked feature during the year and I am very pleased to report that there was a noticeable difference in the behaviour of all children attending the Training Centre. At the end of the year 45 were in attendance and it is anticipated that by the end of 1961 there will be the need for a further 10 places at least. I am sure the great improvement in behaviour must reflect in the happier homelife for both parents and children.

Two great features of the year were the Open Week at the Centre which coincided with the World Mental Health Week, when articles made by the children were displayed and the Centre was open for inspection by the public. The great interest shown was reflected by the numbers who attended the Centre during Open Week.

The second feature of the year was the Open Day and Concert, which was held in December. I am sure that to those who attended it was a most moving and memorable experience. The singing, dancing and play acting was carried on throughout by the children and their performance was highly creditable, and certainly far above that which any of us had expected one year previously.

World Mental Health Year

The World Mental Health Year was a great success in the area and we had excellent co-operation from the Hospitals in the region and the Mentally Handicapped Society. An open meeting was held in the Town Hall at which at least 300 people attended, and a film show followed by a Brains Trust brought forth a great deal of comment and subsequent articles in the press. During the year under discussion no fewer than 18 talks on Mental Health were given by a member of my staff, Mr. George Smith, to various voluntary and church organisations. These demonstrate the great interest of the public in this subject if a good and interesting speaker is available.

The National Association for the Parents of Mentally Handicapped Children organised a one week tour of the Dutch workshops for the mentally sub-normal, and one of my staff attended as a representative for the East Midland Area. Visits were paid to many of the larger towns in Holland and a great deal of information was brought back and will prove helpful and valuable for the future when this Authority opens an Adult Training Centre.

Staff Training

A three week course organised by the National Association for Mental Health and held at Reading University, was attended by my Senior Mental Health Officer. This course was the first of its kind and proved highly successful. As a result further courses are being organised by that Society.

On the 31st December, 1960, the following mentally sub-normal persons were in Hospitals on Leave, under Guardianship and Supervision :-

<i>In Hospitals</i>	<i>Males</i>	<i>Females</i>	<i>Totals</i>
St. John's Hospital, Peterborough	15	—	15
Stoke Park Hospital, Nr. Bristol	5	4	9
Bradwell Grove Hospital, Nr. Burford	1	—	1
Little Plumstead Hospital, Nr. Norwich	25	10	35
Great Barr Hospital, Nr. Birmingham	1	—	1
Bourne Hospital, Bourne, Lincs.	—	1	1
Lisieux Hall, Nr. Chorley, Lancs.	1	—	1
Rampton Special Hospital	—	1	1
Risbridge Home, Haverhill	5	—	5
Royal Eastern Counties Hospital, Colchester	—	1	1
Nayland Hospital, Nayland, Colchester	—	12	12
Calderstone Hospital, Whalley, Blackburn	1	—	1
	54	29	83
Mentally Sub-Normal on Leave	3	1	4
Mentally Sub-Normal under Supervision	42	47	89
Mentally Sub-Normal Awaiting Admission to Hospital	3	5	8
Cases Ascertained during the Year	1	2	3

Accommodation Waiting List

Once again I regret to report that the Waiting List for the admission of the mentally sub-normal to hospitals has increased and that no children were admitted during the year 1960. No children were admitted to hospital for short term care under the Ministry Circular 5/52, due to lack of accommodation in the hospitals.

Ambulance Service

The Ambulance Service is available for the conveyance of patients to psychiatric hospitals, and their most helpful co-operation in all cases has been appreciated.

NATIONAL ASSISTANCE ACT, 1948

WELFARE SERVICES

The Schemes for the provision of Welfare Services under Sections 29 and 30 for Handicapped Persons were set out in full in my Report for 1957.

Blind

The County Council employs one full-time Home Teacher for the Blind (Miss D. E. Elkington). There is also a voluntary welfare committee.

The number of registered blind persons in the County at 31st December, 1960 was 143, viz. 66 males and 77 females. 110 of these were aged 65 or over.

The following table gives particulars of the blind and partially sighted (P/S) cases certified on Form B.D.8 in the County during 1960.

	<i>Causes of Disability</i>							
	<i>Cataract</i>		<i>Glaucoma</i>		<i>Retrolental Fibroplasia</i>		<i>Others</i>	
	<i>Blind</i>	<i>P/S</i>	<i>Blind</i>	<i>P/S</i>	<i>Blind</i>	<i>P/S</i>	<i>Blind</i>	<i>P/S</i>
(i) No. of cases registered during the year in respect of which para. 7(c) of Form B.D.8. recommends:								
(a) No Treatment	4	1	2	—	—	—	4	4
(b) Treatment, medical surgical or optical	6	5	1	1	—	—	5	5
(ii) No. of cases at (i) (b) above which, on follow up action, have received treatment	2	3	—	1	—	—	3	2

Deaf and Dumb

The Soke of Peterborough County Council makes a grant of £215 a year (increased from £100) to the Northamptonshire and Rutland Mission to the Deaf, which continues to give valuable assistance—on an agency basis—to the welfare of the deaf and dumb in the County.

In the 32nd Annual Report for the year ended September 30th, 1960 the following remarks are made about Peterborough.

"As has been said before, Peterborough runs as a completely separate entity as it caters for the Deaf of lower Lincolnshire, parts of Hunts, upper Cambridge as well as for our few Deaf in Peterborough, and Mr. Gascoine who is "persona grata" with the Missioners of these other areas does a very good work indeed at Peterborough. He does not run a "Club" in the usual sense of that word with the usual small subs and club activities, but a monthly Film Show. There is also a monthly Church Service. The "many area" centre at Peterborough could not be run other than by a person like Mr. Gascoine, and we are most grateful to him."

Part III Accommodation

In this area the Local Health Authority is responsible for the welfare services, the County Medical Officer being the Chief Welfare Officer.

Part III accommodation is provided at St. John's Close (147 beds) and at Vawser Lodge (36 beds). A further 36 bedded Home (Exeter Lodge) is expected to be ready for occupation in the Autumn of 1961.

Admissions are arranged under my direction, all applications being investigated either by myself or the Social Welfare Officer, who is also a Mental Health Officer.

W.V.S. Work for the Welfare of the Elderly

Meals-on-Wheels

The W.V.S. organised the delivery of meals on-wheels to those elderly people who otherwise would not have a cooked meal. The names of those eligible are given by health visitors, Home Help Organiser, doctors, etc. A visit is then made to the old person to confirm the arrangements.

This Service has been functioning for over three years, starting with 30 people receiving two meals per week. Meals are now supplied to 60 persons twice weekly.

The meals are obtained from St. John's Close (Part III) at a cost of 1/6d., recipients paying 10d. and the Old Peoples Welfare Committee (a voluntary organisation) paying the remaining 8d. per meal.

There are about 30 volunteers doing this work. I should like to express to them my thanks for the useful service they do in this way.

Trolly Shop and Library

Twelve members of the W.V.S. go each week to St. John's Close and Vawser Lodge (Part III) with a supply of small luxuries such as chocolate, biscuits, etc., which they sell to the inmates. The goods are sold at shop prices and any profit goes back in various forms, such as gifts at Christmas and outings in the summer.

SECTION III

PREVALENCE OF, AND CONTROL OVER, INFECTIOUS AND OTHER DISEASES

1. Infectious Diseases

371 cases of infectious disease were notified to the District Medical Officers compared with 420 in 1959, 732 in 1958, and 2,064 in 1957.

Scarlet Fever

Twelve cases were notified, two less than in 1959.

Whooping Cough

There were 47 notifications of this disease, the same number as in 1959.

Measles

154 cases of measles were notified, compared with 270 in 1959. An epidemic of this disease occurred in 1961.

Pneumonia

26 cases were notified, compared with 42 in 1959 and 49 in 1958. 44 deaths were, however, attributable to this cause in 1960.

Erysipelas

Two cases only were notified.

Puerperal Pyrexia

48 cases were notified, compared with five cases in 1959, nine in 1958, and five in 1957. I pointed out in my Report in 1959 that I suspected that cases occurring in the Maternity Units were not being notified. This proved to be the case and following a tightening of regulations there has been a very considerable increase in the number of cases notified.

Food Poisoning

22 cases were notified, 21 of these in the City of Peterborough. Last year five cases only came to notice.

Tuberculosis

37 cases of respiratory and four of non-respiratory disease were notified.

Dysentery

There were 17 notifications of this disease in 1960, compared with none in 1959.

Poliomyelitis

I am pleased to report that no cases of poliomyelitis occurred in the County in 1960, and only one case of non-paralytic disease in the previous year.

Meningococcal Infection

Two cases were notified during the year.

The following Table shows the number of cases of each disease notified in the various sanitary districts :-

	<i>Peterboro'</i> <i>M.B.</i>	<i>Peterboro'</i> <i>R.D.</i>	<i>Barnack</i> <i>R.D.</i>	<i>Total</i>
Scarlet Fever	5	—	7	12
Whooping Cough	43	3	1	47
Measles	141	6	7	154
Pneumonia	22	—	4	26
Erysipelas	2	—	—	2
Puerperal Pyrexia	48	—	—	48
Food Poisoning	21	—	1	22
Tuberculosis : Respiratory	29	1	7	37
Other	4	—	—	4
Dysentery	17	—	—	17
Meningococcal Infection	2	—	—	2
Total	334	10	27	371

2. Vaccination and Immunisation

Diphtheria Immunisation

The following Table shows the number of children at 31st December, 1960 who had completed a course of immunisation against diphtheria at any time before that date, i. e., at any time since 1st January, 1946.

	<i>Under 1</i> <i>1960</i>	<i>1—4</i> <i>1956—59</i>	<i>5—9</i> <i>1951—55</i>	<i>10—14</i> <i>1946—50</i>	<i>Under 15</i> <i>Total</i>
A. No. of children whose last course (primary or booster) was completed in the period	350	3,378	2,656	379	6,763
B. No. of children whose last course (primary or booster) was completed in the period 1955 or earlier	—	—	2,699	3,632	6,331
C. Estimated mid-year child population	1,310	4,790	10,700		16,800
Immunity Index 100 A/C.	26.7	70.5	87.5		77.8

Vaccination against Smallpox

The following Table shows the number of vaccinations and re-vaccinations carried out under the approved scheme since 1950 :

Age at date of Vaccination	Under 1		1—4		5—14		15 or over		Total	
	P.	Re- Vac.	P.	Re- Vac.	P.	Re- Vac.	P.	Re- Vac.	P.	Re- Vac.
1950	131	—	142	8	50	15	51	103	374	126
1951	266	8	31	5	28	14	66	76	391	103
1952	290	—	38	—	19	7	52	86	399	93
1953	256	—	41	—	19	9	41	73	357	82
1954	373	—	43	—	15	8	43	77	474	85
1955	308	4	45	3	14	6	29	46	396	59
1956	339	9	33	4	16	2	36	47	424	62
1957	459	8	40	—	59	6	74	97	674	120
1958	465	—	108	7	34	11	46	79	653	97
1959	504	4	69	6	19	4	34	74	617	88
1960	619	—	52	—	38	5	42	52	800	57

Poliomyelitis Vaccination

I append details of poliomyelitis vaccination carried out during the year 1960 :

Children born in years 1943-1960....	....	....	....	....	989
Young Persons born in years 1933-1942	....	....	....	....	521
Persons born before 1933 who have not passed their 40th birthday	3,618				
Others, including Hospital Staff ....	....	....	....	....	216
Total					5,344

Total number of persons who, at 31st December, 1960 had received three injections 19,567

At the request of the general practitioners practising in the area, nearly all the doctors (except those in the rural district) carry out vaccination of their own patients, fees for the completed record cards being paid by the Local Health Authority. The County Health Department medical staff still carry out a considerable number of vaccinations, especially in the rural areas of the County and for those who express a wish to have the vaccination carried out at the Town Hall.

3. Tuberculosis

Notifications

During 1960, 36 new cases of respiratory and four of non-respiratory tuberculosis were notified—five more cases than in 1959.

Particulars of the new cases notified, in age periods, are as follows :-

Age Periods	Respiratory		Non-Respiratory		Total	
	M	F	M	F	M	F
0—1	—	—	—	—	—	—
1—2	—	—	—	—	—	—
2—5	—	—	—	—	—	—
5—10	1	2	—	—	1	2
10—15	1	—	—	—	1	—
15—20	—	2	—	—	—	2
20—25	5	2	—	—	5	2
25—35	5	3	1	—	6	3
35—45	2	1	1	1	3	2
45—55	4	2	—	—	4	2
55—65	6	—	—	—	6	—
65—75	—	—	—	—	—	—
75 and over	—	—	—	1	—	1
Totals	24	12	2	2	26	14

The incidence of notifications of respiratory tuberculosis per 1000 of the population is 0.50, compared with 0.46 in 1959, 0.39 in 1958, and 0.42 in 1957.

Although the number of notifications of new cases of respiratory tuberculosis have been steadily decreasing in recent years, there are probably as many as 75,000 unrecognised active tuberculosis sufferers in Britain. The figures from the Registrar General, are based on the fact that 20.501 of the 10,607,860 people who were examined by the mass x-ray service between 1955 and 1957 had T.B. If the proportion is the same for the whole population over 50,000 and probably 75,000 are infected and unaware of their condition.

It will be noted that in the Soke of Peterborough in 1960 twice as many men as women were notified as lung cases and 25 % of these were aged between 55 and 65.

Deaths

One death only was attributable to respiratory tuberculosis in the County in 1960 (a male aged between 45 and 65). This gives a death rate of less than 0.01 per 1000 of the population, compared with a rate of 0.05 in 1959, and 0.07 in 1958.

No deaths were attributable to non-respiratory disease during the year.

In the country as a whole 3,094 persons died from respiratory tuberculosis in 1960, 2,332 being males and 762 females. 332 persons died from other forms of tuberculosis.

I append a Table in relation to respiratory tuberculosis showing the number of notifications and deaths in the County during the last 20 years, and the incidence of deaths to new notifications.

<i>Year</i>	<i>New Notifications</i>		<i>Deaths</i>	<i>Percentage of Deaths to Notifications</i>
1941	31	18	58.0
1942	43	22	51.1
1943	42	21	50.0
1944	43	11	25.8
1945	46	20	43.4
1946	43	23	53.4
1947	58	15	25.8
1948	28	19	67.8
1949	42	10	23.8
1950	73	10	13.7
1951	58	14	24.3
1952	84	9	10.7
1953	53	4	7.5
1954	77	5	6.5
1955	33	10	30.3
1956	35	5	14.3
1957	29	2	6.9
1958	27	5	18.5
1959	31	4	12.9
1960	36	1	2.7

Residential Accommodation

Admissions to Sanatoria are arranged by the East Anglian Regional Hospital Board, patients being usually admitted immediately their names are submitted to the Bed Finding Bureau.

During the year 35 patients from the Soke of Peterborough were admitted to Sanatoria, viz. 21 males, 12 females and two children. At the beginning of the year 1960, 18 patients were already in Sanatoria, so that a total of 53 patients received in-patient treatment in 1960.

At the end of the year 14 patients from the Soke were in Sanatoria.

Prevention of Tuberculosis

The Consultant Chest Physician (Dr. G. B. Royce) submits quarterly reports to the County Health Committee on prevention of tuberculosis, and occasionally attends the meetings of the County Health Committee.

A summary of Dr. Royce's reports shows that a total of 1,452 contacts were examined at the Chest Clinic during the year ended December 31st, 1960, compared with 1,461 in the previous year, 357 of these were new, compared with 309 last year.

B.C.G. Vaccination

B.C.G. vaccinations are carried out at the Chest Clinic, and during 1960 a total of 127 B.C.G. vaccinations were undertaken compared with 133 in 1959.

4. Venereal Diseases

The one Venereal Disease Clinic in the area is situated at the Out-Patient Department of the Peterborough Memorial Hospital.

The clinical work and administration is the responsibility of the East Anglian Regional Hospital Board. Dr. N. A. Ross is the Consultant Venereologist in charge of the Centre, and clinics are held as follows, to which patients can be referred direct without appointments :

Mondays	4.30 to 6.30 p.m.	Males
Tuesdays	10.30 to 12.30 a.m.	Females & Children
Wednesdays	5.30 to 7 p.m.	Males
Thursdays	4.30 to 6.30 p.m.	Females & Children

253 patients attended the Clinic for the first time during the year 1960, compared with 201 in 1959 ; 170 in 1958 ; 173 in 1957, and 195 in 1956.

These were classified as follows :

	<i>Males</i>	<i>Females</i>	<i>Total</i>
Syphilis	3	3	6
Gonorrhoea	32	36	68
Chancroid	2	—	2
Non-gonococcal urethritis	49	—	49
Other conditions requiring treatment	28	48	76
Conditions not requiring treatment	30	18	48
Undiagnosed conditions	3	1	4
	147	106	253

These patients came from the following areas :-

	<i>Syphilis</i>	<i>Gonorrhoea</i>	<i>Other Conditions</i>	<i>Total</i>
Soke of Peterborough	5	38	79	122
Huntingdonshire	—	5	21	26
Isle of Ely	1	6	15	22
Northamptonshire	—	1	6	7
Kesteven (Lincs.)	—	9	29	38
Rutland	—	5	14	19
Other Areas	—	4	15	19
Totals	6	68	179	253

A total of 50 patients were under treatment or observation on January 1st, 1960 and 81 patients remained under treatment or observation on December 31st, 1960.

Details of attendances made by patients are as follows :

Attendances	<i>Total</i>	<i>Males</i>	<i>Females</i>
At which patients saw Physician			
Syphilis	369	219	150
Gonorrhoea	1,289	511	478
Other Conditions	992	623	369
Totals	2,350	1,353	997

In 1959 a total of 2,374 attendances were made.

The alarming feature is the one-third increase in cases of gonorrhoea (68 against 43 in 1959).

In 1960 36 new cases of gonorrhoea among females reported at the Clinic, and it appears that many of these were in the age group 16 - 20. The incidence of disease among teen-age girls is nation-wide and is causing great concern. The Prevention of Illness Sub-Committee of the County Health Committee considered this matter in 1961 when it was agreed to ask representatives of the Peterborough Joint Education Board, and the Peterborough, Rutland and District Moral Welfare Committee to meet the Sub-Committee for the purpose of discussing the matter.

SECTION IV

INSPECTION AND SUPERVISION OF FOOD

Food and Drugs Act, 1955

I have to thank Mr. J. J. Cole, the County Inspector of Foods and Drugs for the following report on the work carried out in the year 1960.

During the year 79 samples of foodstuffs and drugs were taken for analysis. All were satisfactory with the exception of :

- A. **Chicken Fillets** No. 1457 (in chicken jelly—salt added. This article was described as “Chicken Fillets” “in chicken jelly” —“salt added” but the words “in chicken jelly” were so small as to be barely legible.
- B. **Casserole Steak** No. 1496 (Product of Australia) contained only 67.8 per cent of Meat instead of 95.0 per cent.
- C. **Casserole Steak** No. 1505 (Product of Australia) contained only 67.5 per cent of Meat instead of 95.0 per cent.
- D. **Milk** No. 1508 was slightly deficient in milk-solids other than milk-fat based on the standard of the Sale of Milk Regulations.

The Freezing Point (Horvet) of this milk fell within the accepted range for natural, genuine milk and it is therefore probable that this deficiency was due to natural causes.

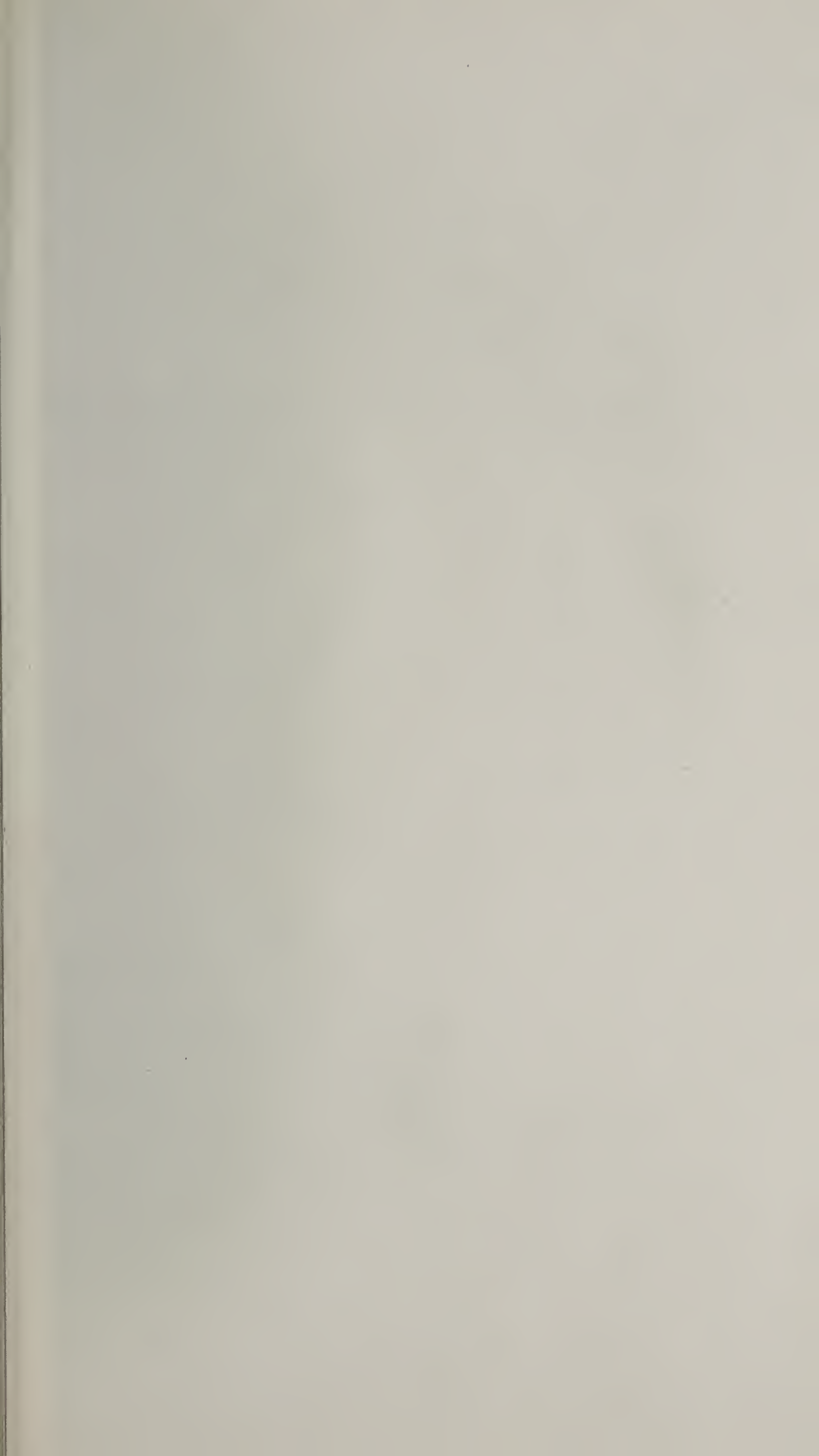
The articles sampled and analysed consisted of the following :

Milk (28), Peanut Butter, Cheddar Cheese (7), Stewed Steak, Casserole Steak (2), Plum Pudding, Jams, Lemon Curd, Treacle (2), Mincemeat (2), Sausages (5), Pork Pie, Ice Cream (6), Steak and Kidney Pie (3), Sausage Rolls (2), Haslet, Meat Pasty, Cornish Pasty, Chicken Pie, Chicken Fillets in Chicken Jelly, Fish Cakes, Oxtail Soup, Real Lemon Juice, Lemon Curd, Malt Vinegar, Beans with Bacon Soup, Steamed Pudding.

Except otherwise stated, only one sample was taken.

J. J. COLE.

County Inspector of Food and Drugs.



THEORY OF THE EARTH

THE EARTH IS A SPHERE

THE EARTH IS A SPHERE, AND ITS SHAPE IS PROVED BY THE FOLLOWING FACTS:

1. THE SHADOW OF THE EARTH ON THE MOON IS ALWAYS ROUND.

2. THE SHIP'S MAST IS ALWAYS THE LAST PART TO BE SEEN AS IT SAILS AWAY.

3. THE DISTANCE BETWEEN TWO PLACES IS ALWAYS THE SAME, REGARDLESS OF THE DIRECTION TAKEN.

4. THE EARTH'S SHADOW ON THE MOON IS ALWAYS ROUND.

5. THE EARTH'S SHADOW ON THE MOON IS ALWAYS ROUND.

6. THE EARTH'S SHADOW ON THE MOON IS ALWAYS ROUND.

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11. THE EARTH'S SHADOW ON THE MOON IS ALWAYS ROUND.

12. THE EARTH'S SHADOW ON THE MOON IS ALWAYS ROUND.